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

Re: The Sylvia Center, Inc. NY Registration Number 41-23-37 EIN 20-4297703

Dear Sir or Madam:

Please be advised that the above-named organization has changed its year end from December 31 to June 30. Therefore, Form CHAR 500 will be filed for the year ended December 31, 2020 and the six months ended June 30, 2021. The June 30, 2021 filing will include an audited financial statement for the 18-month period ended June 30, 2021.

Very truly yours,

John A. Chil

EXTENDED TO NOVEMBER 15, 2021

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

A For the 2020 cale

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

Open to Public Inspection

OMB No. 1545-0047

A	or tr	le 2020 calendar year, or tax year beginning a	nd ending		
В	Check i spolical	C Name of organization		D Employer identific	ation number
	Addr	THE SYLVIA CENTER, INC.			
	Nam chan	ge Doing business as	**************************************	20-429770)3
]india retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final retur	Z4I/ JRD AVENUE	301	212-337-6	
	term	City or town, state or province, country, and ZIP or foreign postal code	***************************************	G Gross receipts \$	1,840,464.
	Ame	BRUNA, NI 10451		H(a) Is this a group ret	
	Appl Tion	F Name and address of principal officer: JONATHAN CETNARSK	I	-	Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates inc	
1	Tax-e	kempt status: X 501(c)(3) 501(c) () ◀ (insert.no.) 4947(a)(1) or 527	T.	ist. See instructions
		ite: ► WWW.SYLVIACENTER.ORG		H(c) Group exemption	number 🕨
		of organization; X Corporation Trust Association Other	L Year	of formation: 2006 M	State of legal domicile: NY
P	art I	Summary			
: به	1	Briefly describe the organization's mission or most significant activities: THE	MISSIC	N OF THE ORG	SANIZATION
& Governance	and the second	IS TO INSPIRE YOUNG PEOPLE TO BECOME HE	ALTHY E	EATERS AND AD	VOCATES
Ž.	2	Check this box larger if the organization discontinued its operations or dis	posed of more	than 25% of its net ass	sets.
8	3	Number of voting members of the governing body (Part VI, line 1a)	**********************	3	14
oy.	4	Number of independent voting members of the governing body (Part VI, line 11	o)	4	14
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	40
viti	6	Total number of volunteers (estimate if necessary)			39
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
4	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		1,103,660.	1,733,041.
ž	9	Program service revenue (Part VIII, line 2g)		85,656.	76,829.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,040.	6,238.
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	2,055.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	And the second second	1,199,356.	1,818,163.
,mendament Acid	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	16,460.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ç,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		786,209.	841,790.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		76,196.	36,000.
bei		Total fundraising expenses (Part IX, column (D), line 25) 267,			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		257,241.	814,975.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,119,646.	1,709,225.
	19	Revenue less expenses. Subtract line 18 from line 12	The second secon	79,710.	108,938.
283				ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		1,281,609.	1,355,331.
A CO	21	Total liabilities (Part X, line 26)		77,437.	40,112.
Net Assets or Fund Balances	22	Net assets or fund balances, Subtract line 21 from line 20		1,204,172.	1,315,219.
	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying sched	ules and statem	ents, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of pregarer (other than officer) is based on all information of			
	<u></u>	1 1. Chris		9/22/2	1
Sig	n	Signature of officer		Date	
Her		JONATHAN CETNARSKI, EXECUTIVE DIRECT	OR		
1101	•	Type or print name and title			
***************************************		Print/Type preparer's name Preparer's signature		Date , Check	PTIN
Paid	í	LAUREN CRESCI	DOLL	9/21/21 If self-employed	P01268493
	arer	Firm's name LUTZ AND CARR, CPAS LLP			3-1655065
	Only	Firm's address 551 FIFTH AVENUE, SUITE 400			
	J,	NEW YORK, NY 10176		Phone no 212	-697-2299
May	/ the I	RS discuss this return with the preparer shown above? See instructions		i nono nosa de sa	X Yes No

Pa	rt 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:	***************************************
	THE MISSION OF THE ORGANIZATION IS TO INSPIRE YOUNG PEOPLE TO BE	COME
	HEALTHY EATERS AND ADVOCATES FOR HEALTHY FOOD IN THEIR FAMILIES	AND
	COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	***************************************
		7v []N-
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	J res L No
2		7 -
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	JYes □ 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 ex	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	nses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 323,636. including grants of \$) (Revenue \$	65,670.)
	COOKS FOR HEALTH:	
	CULINARY AND NUTRITION EDUCATION TO YOUTH, TEENS, AND FAMILIES.	IN A
	SERIES OF 6-12 CLASSES, PARTICIPANTS LEARN BASIC COOKING SKILLS,	
	AND KITCHEN SAFETY AND SANITATION WHILE PREPARING A HEALTHY MEAL	
	SNACK. THE ROLE NUTRITION PLAYS IS EMPHASIZED AS WELL AS FOOD J	
	DATE OF THE POST O	ODITCH.
	CFH YOUTH IS OFFERED TO ELEMENTARY AND MIDDLE SCHOOL STUDENTS.	
	CFH TEEN IS OFFERED TO 13-18 YEAR OLDS.	
	COOKS FOR HEALTH FAMILY IS OFFERED TO YOUTH 7-13 WHO ARE JOINED	BA Y
	PARENT OR GUARDIAN.	**************************************

4b	(Code:) (Expenses \$ 588,204 . including grants of \$) (Revenue \$	4,100.
	VARIOUS PROGRAMS, INCLUDING THE FRESH MEAL FUND PROGRAM TO PROVI	DE
	EMERGENCY MEALS TO HEALTHCARE WORKERS IN RESPONSE TO COVID-19.	y see the St
		vocococococococococococococococococococ
		Physical Company (1990)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

	024 054	- 150
4c	(Code:) (Expenses \$ 231,074. including grants of \$ 16,460.) (Revenue \$	6,159.)
	TEEN CULINARY APPRENTICESHIP:	~~~(~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	A 60-HOUR TRAINING PROGRAM THAT PREPARES TEENS TO BECOME PEER AD	
	FOR HEALTH AND NUTRITION. THE PROGRAM CULMINATES WITH THE PARTIC	IPANTS
	SERVING AS PAID TEEN CHEF INSTRUCTORS AT NYC SUMMER CAMPS, TEACH	ING
	YOUTH IN THEIR COMMUNITY ABOUT HEALTHY FOOD AND WHERE IT COMES F	ROM.
	THROUGHOUT THE CREDIT-BEARING APPRENTICESHIP, TEENS LEARN FOUNDA	
	CULINARY SKILLS, HYGIENE AND SANITATION, FOOD SCIENCE, NUTRITION	www.commonwell.com
	FOOD JUSTICE.	A contract to the contract to
-		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 153,675. including grants of \$) (Revenue \$ 900.)	-
<u>4e</u>	Total program service expenses ▶ 1,296,589.	A A A
	F	orm 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	_		· •
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u></u>		42
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		- COCCOSE CONTRACTOR IN CONTRA	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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	11a	Х	-
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b	:	X
G	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	:	Х
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	1,10	***************************************	
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	man and the second seco	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1000
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		Х
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	170		4.5
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	16		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	17	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	18	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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	AND SOME DESCRIPTION OF THE PROPERTY OF THE PERCENCE OF THE PROPERTY OF THE PR	and a	L	

Form 990 (2020)

Form 990 (2020) THE SYLVIA CENTER, 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		ange Colonia de Caración de Ca	-
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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			
				7.5
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		X
Z-Tu	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	04-		v
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	.cordencedularisminus	X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	•	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		-	-
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00	Х	
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
·	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		****	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	***************************************	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	100		
	Part V, line 1	34		_X_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.54	Overseason	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 4.3
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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	WAR TO BE OF	E-4C-5 (1-3°A Octobergyptiologyptic	
	te de la companya de		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	: 1	ополити	
b	• • • • • • • • • • • • • • • • • • • •			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ланиомпол	(gambling) winnings to prize winners?	1c	X 000 (

Form 990 (2020) THE SYLVIA CENTER, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		v 4		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	2a 40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	<u>2b</u>	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ĺ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	********************************	За		X
d	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O care a consequence	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account, or other financial account.	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	****************************	5a	фонтенция	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b	-	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	*****************	5c	-	-
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			
	any contributions that were not tax deductible as charitable contributions?		6a	7/MINISTERNATION IN	<u> X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	•			
~	were not tax deductible?	ર્જન્ત્રામાન્યું જ્લાદ્વાપુ ર્વે કરવા કરવા અલ્લામ્ય કરવા કરવા કર ્યા કર્યા છે.	6b		
7	Organizations that may receive deductible contributions under section 170(c).		.]		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	: N * 2 * * * * * 4 * 4 2 6 5 5 6 5 * n > * * * * * * * * * * * * * * * * *	7b	X	4040CTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 2000.				**
فہ	to file Form 8282?		7c		X
e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	7d	_ 1	1	37
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7e		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7f		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	, , , ,	7g 7h	-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		- 111		
	and the second state of th	TF44F110F440001P600000000000000000000000000000000	8	1	
9	Sponsoring organizations maintaining donor advised funds.	TETTE 100000000000000000000000000000000000			
а	Did the appropriate avantization make any tayable distributions under castion 40660	******************************	9a	Î	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				######################################
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		I	
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:		-	1	
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
		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		ľ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	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	l l		9	
		13b			
	to and definition of the first	13c			
			14a		_X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		_X
	If "Yes," see instructions and file Form 4720, Schedule N.		.	-	7,7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	- 1	<u>X</u>
	If "Yes," complete Form 4720, Schedule O.				

THE SYLVIA CENTER, INC. Form 990 (2020) 20-4297703 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization X 15b

<u> </u>			\sim	P 3:.		sure
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~~		~	·-	- L	30 I L	<i>-</i>

17	List the states with	which a copy of t	his Form 990 is	required to be t	filed ▶NY

exempt status with respect to such arrangements?

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

18	Section 6104 requires	an organization to make its Fo	orms 1023 (1024 or 1024-	A, if applicable), 990, and 990-T (Section 5	01(c)(3)s only) available
	for public inspection. I	ndicate how you made these:	available. Check all that a	pply.	
	X Own website	Another's website	X Upon request	Other (explain on Schedule O)	2

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest policy, ar	nd financial
	statements available to the public during the tay year		

	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

taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

JONA	NAH'	CETNARS:	KI -	212-	337-609	3	
2417	3RD	AVENUE.	NO.	301.	BRONX.	NY	10451

Form 990 (2020)

X

16a

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.

(A) Name and title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	oer al frustee	Officer Officer	Key emplayee	Highest compensated employee	Ī	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CINDY EDELSON	1.00	37		77					4	_
CHAIRMAN	1.00	X	-	Х	-	-		0 *	0.	. 0
(2) TRUDY GOTTESMAN	1.00	х		х				0 *	0.*	^
SECRETARY AND VICE CHAIR (3) PHIL MELDRUM	1.00	1		Δ.		-		V *	<u> </u>	0
(3) PHIL MELDRUM TREASURER	1.00	X		х				0.	0	: 0
(4) LIZBETH NEUMARK	1.00	23	 	~7	_			V *	V *	
FOUNDER		X		x				0.	0	0
(5) COURTNEY ARCHER-BUCKMIRE	1.00	1					******			
DIRECTOR		X						0 .	0	0
(6) LYNN COLE	1.00			***********		-			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
DIRECTOR	1.	X						0 *	0 .	0
(7) NINA FREEDMAN	1.00									16
DIRECTOR		X						0 *	0.	0
(8) DEBBIE GARDNER	1.00									
DIRECTOR		X						0.	0.	0
(9) TARA GENDELMAN	1.00									
DIRECTOR		X						0 +	0 .	0
(10) DODI MEYER MD	1.00									
DIRECTOR		Х						0.	0 *	0
(11) SCOTT MILLSTEIN	1.00	Į.								
DIRECTOR		X		***************************************			enemana.	0.	0.	0
(12) MICHAEL POLLACK	1.00									•
DIRECTOR	1 00	X						0 *	0.	0
(13) HOWARD PULCHIN	1.00									0
DIRECTOR	1.00	X			-			0.*	0.	0
(14) CHAIM WACHSBERGER	1.00	177						0		0
DIRECTOR	40.00	X						0.	0.	0
(15) JENNIFER JOHN	40.00	-		х				92,443.	0 *	10,523
EXECUTIVE DIRECTOR (THRU APRIL 2020)	40.00			77				24,443.	U *	10,343
(16) JONATHAN CETNARSKI	40.00	1		х				96,940.	0	5,631
EXECUTIVE DIRECTOR (FROM APRIL 2020)		-		47				20,240.		2,011

Form 990 (2020)

تنتنينا	Gection A. Officers, Directors, Trus	1	Jiuy	ees,		***************************************	Hile	oi U		es (continuea)	- 1		
	(A)	(B)	(B) (C) Average Position						(D)	(E)		(F)
	Name and title	hours per		not d	heck	more	than		Reportable	Reportable		Estim	
		week					is bot or/trus		compensation from	compensation from related		amou oth	
		(list any	ctor			**********			the	organizations		comper	
		hours for	r dire				pai		organization	(W-2/1099-MISC)	- 1	from	
		related	stee o	rustee			pensa		(W-2/1099-MISC)		The second second	organiz	zation
		organizations below	land the	oralt		olcye	E8 88		and the second s			and re	
		line)	Individual trustee or director	Institutional trustee	Officer	Key emplcyee	Highest compensated employee	Р огтег				organiz	ations
			=	=	0	¥.	王司	Œ			+	and the second s	
POPPHENENENDA						-				700mmeessaaa		2011 W777770A TUOON WWW. KNIEB 27 Garage	
		: :							:				
		<u> </u>		-:	-	-	-						
-										**************************************	NAME PARTY	чиностительного менень	ONNO DE PROPERTIE DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTIO
						ŀ			· no de la companya del companya de la companya del companya de la		***************************************		
***************************************				-	***************************************					2000000 Texas - VIII -	1		
-Quarter construction				400000		***************************************				**************************************	1		***************************************
***************************************	1 3 46 01.14 (2) G 444 (100 day and shiftig to also a 6 46 (100 day also are seen as a 100 day and a					***************************************					T		
											a companie de la		
7													
		:											
1b	Subtotal	**************	1,000.001		120504	terret b	i e v e a j		189,383.	0		16,	154.
С	Total from continuation sheets to Part VI	I, Section A	e pojevila a i	Gares	ra Wellah		ا المصافوي	100-	0.	0			0.
ď	Total (add lines 1b and 1c)	*** ***********	1.5.5.5.5	6 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>(7):447</u>	257244	4.1 4 4 4	<u> </u>	189,383.	0		16,	154.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	OOV	e) wh	o re	eceived more than \$100	,000 of reportable			
	compensation from the organization	***											0
											-	Ye	s No
3	Did the organization list any former officer,		e, k	еу е	mpl	oye	e, or	hig	hest compensated emp	loyee on		- Independent	45.50
	line 1a? If "Yes," complete Schedule J for s								****************		-	3	X
4	For any individual listed on line 1a, is the su											1	
	and related organizations greater than \$150										-	4	X
5	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes," com	plete Schedule	∋ J fo	or su	ich j	oers	son .	*****				5	<u> </u>
- SANTANA MARINE	tion B. Independent Contractors			•						h400 000 -			
1	Complete this table for your five highest co	-									nsat	ion from	
*>->->->->->->->->->->->->->->->->->->-	the organization. Report compensation for	ine calendar y	ear e	enau	ng w	/ith	or w	itnin	The state of the s	ear.			·
	(A) Name and business	address	NT/	NE	,				(B) Description of s	ervices	Cor	(C) npensat	tion
arren - I	Traine and the second	4447555	TAC)IN E	1	***************************************	***************************************			-		110011001	
rvanneeeee			***************************************					-					
										SPECTATION OF THE PROPERTY OF			
		***************************************	ngarwanco.		*******			1				****	
	200000000000000000000000000000000000000		***************************************							<u> </u>	***************************************		
								Nomen		-			
						-							
								NAME OF TAXABLE PARTY.					
2	Total number of independent contractors (ii	ncluding but n	ot lir	nited	d to	tho	se lis	ted	above) who received m	ore than			
	\$100,000 of compensation from the organization)			Average			
												000	(2020)

Form 990 (2020) THE SYL Part VIII Statement of Revenue

-			Check if Schedule O contains a response	or note to any line	e in this Part VIII			
Suitem		- Carrenn		The second secon	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
र र	4	_	Federated campaigns 1a		Walter Committee of the	- TOO HE SHEET OF THE SHEET OF		
ran			Membership dues 1b					
۾ ۾			***************************************	453,988.				volumbassose
ifts Ir A				1 33,300.				
nia G			**************************************	140,400.				
Sin				T40,400.				
ž ž		T	All other contributions, gifts, grants, and	120 (52				
### ### ### ### ### ### ### ### ### ##				138,653.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f 1g \$	5,491.	1 722 044			
<u>0</u> 6	<u></u>	<u>h</u>	Total, Add lines 1a-1f		1,733,041.			
				Business Code				
Se	2	а	PROGRAM FEES	900099	76,829.	76,829.		
Program Service Revenue		b						
		С						***************************************
lev		d						
og.		е						
q.		f	All other program service revenue					
		g	Total, Add lines 2a-2f	>	76,829.			
	3		Investment income (including dividends, intere					
			other similar amounts)		6,238.			6,238.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	. [7				
	_		(i) Real	(ii) Personal				
	6	а	Gross rents 6a	de constitue de la constitue de				
	-		Less: rental expenses 6b					10000000000000000000000000000000000000
			Rental income or (loss) 6c					
			All I and I have a second	b				
			Gross amount from sales of (i) Securities	(ii) Other				
	′	а		(ii) Other				
-			assets other than inventory 7a					
as .		b	Less: cost or other basis					
חַר			and sales expenses				THE CONTRACT OF THE CONTRACT O	
eve			Gain or (loss) 7c					
her Revenue			Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·			
the	8	а	Gross income from fundraising events (not		.1			
ō			including \$ 453,988. of		-			
:			contributions reported on line 1c). See		:			reconnection
			Part IV, line 18	22,301.				
			Less: direct expenses 8b	22,301.	-connectivity			
		С	Net income or (loss) from fundraising events	40-0-10-0-10-0-0-0-0-0-0-0-0-0-0-0-0-0-0	0.*			
	9	а	Gross income from gaming activities. See			Name of the state		
			Part IV, line 199a					10000000000000000
		b	Less: direct expenses 9b					
	Ē.	С	Net income or (loss) from gaming activities	******				
	l		Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	.				
				Business Code				
STO (11	a	MISCELLANEOUS REVENUE	900099	2,055.			2,055.
ne	T. C.	b			nonement and the second			
ella	F	c	- Spanish Control of the Control of					:
Miscellaneous Revenue			All other revenue		Side to the second seco	es a constant de la c		
Σ			Total Add lines 11a-11d	-	2,055.			
***************************************	12	ਦ	Total revenue. See instructions		1,818,163.	76,829.	0.	8,293.
***************************************	12.		TAIN TEACHER COO BENEADAILDE			· · · · · · · · · · · · · · · · · · ·		5 000 (2000)

Form 990 (2020) THE SYLVIA CE 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).

Do n	Check if Schedule O contains a responsor include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		PARTICIPATION OF THE PARTICIPA		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	16 160	45.450		
	individuals. See Part IV, line 22	16,460.	16,460.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	205 527	142 076	00 554	44 400
	trustees, and key employees	205,537.	143,876.	20,554.	41,107
	Compensation not included above to disqualified	:			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	E30 055	200 270	00 104	444 000
	Other salaries and wages	539,866.	398,370.	27,124.	114,372
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	36,544.	26,759.	1 700	0.000
	Other employee benefits	59,843.		1,722. 3,634.	8,063
	Payroll taxes	39,043.	43,323.	3,034.	12,886
	Fees for services (nonemployees):				
	Management				***************************************
	Legal	70,072.		70 070	······································
	Accounting	70,072.		70,072.	
	Lobbying	36 000			26 000
	Professional fundraising services. See Part IV, line 17	36,000.	www		36,000
	Investment management fees	***************************************			
	Other. (If line 11g amount exceeds 10% of line 25,	23,686.	12 202	2 050	7 405
	column (A) amount, list line 11g expenses on Sch 0.)	2,965.	12,303. 2,215.	3,958.	7,425 138
	Advertising and promotion	7,251.	591.	6,592.	68
13	Office expenses	7,401.	JJI.	0,394.	00
	Information technology	***************************************		:	
	Royalties	10,979.	6,061.	4,918.	
	Occupancy	4,651.	2,634.	838.	1,179
	Travel Payments of travel or entertainment expenses	4,001.	2,004.	939.	4,412
	for any federal, state, or local public officials			energians.	
	Conferences, conventions, and meetings				arm dan
	Interest Payments to affiliates				
	Depreciation, depletion, and amortization	4,959.	3,610.	314.	1,035
	Insurance	12,811.	8,608.	1,757.	2,446
23 24	Other expenses. Itemize expenses not covered			= // / / .	<u> </u>
	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.			nonenenen piolitica e e e e e e e e e e e e e e e e e e e	
	FRESH MEAL FUND EXPENSE	582,282.	582,282.		······································
	PROGRAM EXPENSES	36,501.	36,501.		
	BANK, MERCHANT AND OTHE	27,260.	9,580.	1,020.	16,660
	INDIRECT BENEFIT EXPENS	25,961.			25,961
	All other expenses	5,597.	3,416.	2,089.	92
	Total functional expenses. Add lines 1 through 24e	1,709,225.	1,296,589.	145,204.	267,432
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		A Proper Committee	and the state of t	
	educational campaign and fundraising solicitation.		a.c.c.c.c.c.c.c.c.c.c.c.c.c.c.c.c.c.c.c	27.2	
	Check here 4f following SOP 98-2 (ASC 958-720)	ļ.			
	12-23-20			**************************************	Form 990 (2020

13480823 759420 SYLVIA

Form 990 (2020) Part X Balance Sheet

Рап х	balance Sneet					
· brennenssionemannenssionemannenssionemannenssionemannenssionemannenssionemannenssionemannenssionemannenssion	Check if Schedule O contains a response or	note to any line	in this Part X	***************************************	********	
oog 92 to coonsistansis kansassassassa				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		**************************************	328,549.	1	505,648
2	Savings and temporary cash investments		743,631.	2	701,978	
3	Pledges and grants receivable, net		(kr##***********************************	157,121.	3	109,980
4	Accounts receivable, net	******************		29,097.	4	25,569
5	Loans and other receivables from any curren	t or former offic	er, director,			
· ·	trustee, key employee, creator or founder, su					
	controlled entity or family member of any of t		5			
6	Loans and other receivables from other disqu					
	under section 4958(f)(1)), and persons descri	***************************************	6			
န္ 7	Notes and loans receivable, net		7			
Assets	Inventories for sale or use	****************	*******************************		8	
₹ 9	Prepaid expenses and deferred charges		*********************	11,806.	9	5,711
10a	Land, buildings, and equipment: cost or othe					
	basis. Complete Part VI of Schedule D		87,015.			
b	Less: accumulated depreciation	80,570.	11,405.	10c	6,445	
11	Investments - publicly traded securities		11			
12	Investments - other securities. See Part IV, lin		12			
13	Investments - program-related. See Part IV, lin		13			
14	Intangible assets		14	***************************************		
15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must e			1,281,609.	16	1,355,331
17	Accounts payable and accrued expenses	***********	*************	60,957.	17	38,817
18	Grants payable		18			
19	Deferred revenue	16,480.	19	1,295		
20	Tax-exempt bond liabilities		***************	-4	20	
21	Escrow or custodial account liability. Complet				21	
ທູ 22	Loans and other payables to any current or for				- Laboratoria	
	trustee, key employee, creator or founder, su		butor, or 35%			
Liabilities 22 22 22 22 22 22 22 22 22 22 22 22 22	controlled entity or family member of any of the		- Marianti Marianti -		22	
23	Secured mortgages and notes payable to uni				23	
24	Unsecured notes and loans payable to unrela				24	
25	Other liabilities (including federal income tax,					
	parties, and other liabilities not included on lin	ies 17-24). Con	nplete Part X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			77,437.	26	40,112
γ ₂	Organizations that follow FASB ASC 958, o	heck here 📂	LX			
	and complete lines 27, 28, 32, and 33.			1 001 055		4 406 544
27	Net assets without donor restrictions			1,091,857.		1,196,744
28	Net assets with donor restrictions			112,315.	28	118,475
5	Organizations that do not follow FASB ASC	958, check h	ere 🕨 🔲	THE PROPERTY AND THE PR		
5	and complete lines 29 through 33.		No. of the Control of	- Marie and Comment		
29	Capital stock or trust principal, or current fund				29	
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Paid-in or capital surplus, or land, building, or				30	
31	Retained earnings, endowment, accumulated			1 204 170	31	1 215 23 2
- 1	Total net assets or fund balances			1,204,172.	32	1,315,219
33	Total liabilities and net assets/fund balances	<u> </u>		1,281,609.	33	1,355,331.

Form **990** (2020)

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

Form 990 (2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Complete if

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number THE SYLVIA CENTER, INC. 20-4297703 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 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 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12a. 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. Lype II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization fisted (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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.)

Se	ction A. Public Support	······································					Maria Anna Anna Anna Anna Anna Anna Anna An
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						- A - C - C - C - C - C - C - C - C - C
	membership fees received. (Do not		ELLOCATION TO THE PARTY OF THE				
	include any "unusual grants.")						
2	Tax revenues levied for the organ-		-				
	ization's benefit and either paid to		-				
	or expended on its behalf		į.				
3	The value of services or facilities						38300 4 1000
	furnished by a governmental unit to		AMAZIA DE LA CALLA				
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						version of the contract of the
	governmental unit or publicly		-				
	supported organization) included				-		red-minosocow
	on line 1 that exceeds 2% of the						and the state of t
	amount shown on line 11,						
	column (f)						The state of the s
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						No.
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business			:			
	activities, whether or not the			:			
	business is regularly carried on						
10	Other income. Do not include gain			***			Management of the Control of the Con
	or loss from the sale of capital					NATA NATA NATA NATA NATA NATA NATA NATA	
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	etc. (see instruct	ions) ++++++++++++++++++++++++++++++++++++	This are any a standard a sure of a decide of a	เรียงใช้เทษได้เกษา อุดเทษาร์เกษ เคราะเกษา	12	
13	First 5 years. If the Form 990 is for the	organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop				<u> </u>	***********************	<u></u>
Seinerhingsenne	ction C. Computation of Public	woni v			190		
	Public support percentage for 2020 (lin					14	%
	Public support percentage from 2019					15	%
16	33 1/3% support test - 2020. If the or						
	stop here. The organization qualifies a						
k	33 1/3% support test - 2019. If the or						
	and stop here. The organization qualif						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts					VI how the organiz	ation
	meets the facts-and-circumstances tes					*****************	
ł	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						ghenomorphism
	organization meets the facts-and-circul						
18	Private foundation. If the organization	did not check a	box on line 13, 16	Sa, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 THE SYLVIA CENTER, INC. 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

Sec	qualify under the tests listed better A. Public Support	elow, please comp	olete Part II.)				
-STYTHOUSENSON	ndar year (or fiscal year beginning in)	/-> 0016	4.10047		4 0 0040		
		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						- Commontant
	include any "unusual grants.")	581,058.	700 770	1126225	1006313	1522044	F 0 0 F F 4 F
2	Gross receipts from admissions,	301,030.	780,778.	1136325.	1096313.	1/33041.	5327515.
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	28,815.	46,426.	84,960.	85,656.	76,829.	322,686.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						The state of the s
	iness under section 513			53,500.			53,500.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						THE REPORT OF THE PROPERTY OF
	the organization without charge	200 050	005 004				
	Total. Add lines 1 through 5	609,873.	827,204.	1274785.	1181969.	1809870.	5703701.
7 8	Amounts included on lines 1, 2, and			200 005	1.00 040	100 200	560 400
£-	3 received from disqualified persons Amounts included on lines 2 and 3 received			209,095.	166,648.	192,387.	568,130.
il.	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					12,975.	10 075
,	amount on line 13 for the year Add lines 7a and 7b			209,095.	166,648.	205,362.	
	Public support. (Subtract line 7c from line 6.)			209,093.	100,040.	202,302.	5122596.
Sec	etion B. Total Support		***************************************				3122336.
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(a) 2019	(e) 2020	(f) Total
9	Amounts from line 6	609,873.	827,204.	1274785.	1181969.	1809870.	5703701.
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			7,372.	10,040.	6,238.	23,650.
b	Unrelated business taxable income	осичальный					
	(less section 511 taxes) from businesses acquired after June 30, 1975						:
c	Add lines 10a and 10b			7,372.	10,040.	6,238.	23,650.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					2,055.	2,055.
13	Total support. (Add lines 9, 10c, 11, and 12.)	609,873.	827,204.	1282157.	1192009.	1818163.	5729406.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizati	on,
·	check this box and stop here				n ela a son de la la contacta la contacta de la co		>
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (li	ine 8, column (f), d	ivided by line 13, o	column (f))	*****************	15	89.41 %
THE OWNER OF THE OWNER, WHEN	Public support percentage from 2019	**************************************	A STATE OF THE PARTY OF THE PAR	1 2 1 2 0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1.5.4.4.1.5.5.4.4.4.4.4.4.4.4.4.4.4.4.4.	16	91.23 %
Sec	tion D. Computation of Inves	stment Income	Percentage		***************************************		
17	Investment income percentage for 20	20 (line 10c, colum	nn (f), divided by lii	ne 13, column (f))	en new aja wang yeng new kilong di kanasa	17	.41 %
	Investment income percentage from 2					18	.39 %
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly su	upported organizat	tion	▶ 🗶
b	33 1/3% support tests - 2019. If the	_					f
	line 18 is not more than 33 1/3%, che	ck this box and eta	on here. The organ	nization qualifies a	s a publicly suppor	rted organization	

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

- 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.)

	*****	Yes	No
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9a	-		: Generalisation
9b	***************************************		
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9c	1		***************************************
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40-	No.		
10a	+		e:wannenist
10b			
990 or 9	9	0-EZ)	2020

Pa	ort IV Supporting Organizations (continued)	49//0	13 P	age 5
	- Tapporanis organization pontinuos		T	T
11	Has the organization accepted a gift or contribution from any of the following persons?	: [Yes	No
	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?	44-		
b	A family member of a person described in line 11a above?	11a		
c		11b		
	detail in Part VI.	110		
Sec	ction B. Type I Supporting Organizations	11c	4	1
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	110
	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		
Sec	ction C. Type II Supporting Organizations	128000000000000000000000000000000000000		
		***************************************	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		
Sec	ction D. All Type III Supporting Organizations		***************************************	
		· por more and a second	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			ĺ
	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			ĺ
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u></u>
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			į
000	supported organizations played in this regard.	3	L	<u></u>
	ction E. Type III Functionally Integrated Supporting Organizations			***************************************
4	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b				
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.	r	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	-		
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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			
1.	that these activities constituted substantially all of its activities.	2a		Annessan
b			WASHINGTON .	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		Opposition	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	مد	enericana	
0	these activities but for the organization's involvement. Perent of Supported Organizations, Applyer lines 2s and 2h below.	2b	and the second	***************************************
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		2000 CONTRACTOR	
а	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.	20		
b		3a		
IJ	sia the organization exercise a substantial degree of another ever the policies, programs, and activities of edell	i 1	1	

Schedule A (Form 990 or 990-EZ) 2020

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A	(Form 990 or	990-EZ) 2020

Current Year

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

8

1

3

4

5

6

Minimum Asset Amount (add line 7 to line 6)

emergency temporary reduction (see instructions)

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Section C - Distributable Amount

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Enter 0.85 of line 1.

3

Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2020 from Section C, line 6 9 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 a From 2015 b From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 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 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. 8 Breakdown of line 7: a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020	THE SYLVIA	CENTER, IN	IC.	20-4297703 Page 8
Part VI	line 1: Part IV. Section D.	, 2, 30, 30, 40, 40, 5a, lines 2 and 3: Part IV.	6, 9a, 9b, 9c, 11a, 11 Section Filines 1c, 2a	b and 11c. Part IV Section	ine 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C,
	(See Instructions.)	CONTROL OF THE PROPERTY OF THE	77777		
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE SYLVIA CENTER INC. Employer identification number

20-4297703

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6 _e	·
		(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	2	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed 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 a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register	พระตัว พระพุทธเลยโอมท์ ลีกู มุพพรเลย์ พื้นเมตาการ จาไทยทำไห้พาการกรักษาที่ กรามกระทำกร ผู้ผู้และใหม่เกษาแบบ	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
_		ti.E. the upper lungarous of equation 470	M-V 4 V (D V / V)
8	Does each conservation easement reported on line 2(d) above	-	
_	and section 170(h)(4)(B)(ii)?		*************
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's imancial statem	ierns triat describes trie
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections o	f Art Historical Treasures, or C	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 95	The second secon	and balance sheet works
10	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its fina		
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o o ni i i i i i i i i i i i i i i i i i	normalist of passio solving,
	(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 tre		**************************************
<i>«</i>	the following amounts required to be reported under FASB A		V Interestina
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		

Schedule D (Form 990) 2020

		VIA CENTER					20-42	97703	Page 2
Pai	t III Organizations Maintaining C	Collections of A	rt, Historic	al Treasures,	or Oth	er Simil	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, access	on, and other recor	ds, check any	of the following th	at make	significant	use of its		Table Cook Section Control Section Sec
	collection items (check all that apply):								
а	Public exhibition		d Loan	or exchange progr	ram				
b	Scholarly research		e Othe	**************************************					
С	Preservation for future generations								
4	Provide a description of the organization's c						ose in Par	t XIII.	
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m							Yes	No_
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the orga	nization answered	"Yes" or	n Form 990	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for contr	ibutions or other a	ssets no	t included	***************************************		
	on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	<u> </u>
С	Beginning balance	化苯基酚 医解解性 化苯酚胺基苯酚酚 化氯化 医多种原体 化水平原		~~~;;;;;	***********	1c			
d	Additions during the year	************	*****		**********	1d			
е	Distributions during the year	*************	*********	***********	*********	1e			
f	Ending balance	***********		******************		1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for escro	w or custodial acc	ount liab	ility?		Yes	☐ No
	If "Yeş," explain the arrangement in Part XIII.						*********		
Par	t V Endowment Funds. Complete	f the organization a	nswered "Yes	on Form 990, Par	t IV, line	10,			
		(a) Current year	(b) Prior y	ear (c) Two yea	ars back	(d) Three y	ears back	(e) Four	ears back
1a	Beginning of year balance		hgravitiation-opt-recovery	***************************************		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
b	Contributions		di-			:	~	X	***************************************
С	Net investment earnings, gains, and losses	· ·	ļ				-		
d	Grants or scholarships				:	**********************			
е	Other expenditures for facilities			Transport					
	and programs								
f	Administrative expenses						***************************************		***************************************
9	End of year balance	and a man of the state of the s	L						
2	Provide the estimated percentage of the cur		ce (line 1g, col	umn (a)) held as:					
а	Board designated or quasi-endowment		9/6						
b	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are	held and administe	ered for t	he organiz	zation	-	
	by:							-	<u>res No</u>
	(i) Unrelated organizations								
	(ii) Related organizations				kulus pandalaises .	÷			
	If "Yes" on line 3a(ii), are the related organiza					*******	ning a North die jagen aus	3b	
4	Describe in Part XIII the intended uses of the		owment funds					***************************************	***************************************
Par	t VI Land, Buildings, and Equipm		vis						
	Complete if the organization answere				1	***************************************			
	Description of property	(a) Cost or o) Cost or other	3.	ccumulate	ed	(d) Book	value
		basis (invest	ment)	basis (other)	de	preciation			
	Land	10				www			
b	Buildings			7 000		2 (00	grin.	205
	Leasehold improvements			7,805.		2,6			,205.
	Equipment			29,210.	j.:	27,9		1	,240.
	Other		- Action of the control of the contr	50,000.		50,0	00.	<u></u>	115
I otal	, Add lines 1a through 1e. (Column (d) must e	quai rom 990, Parl	x, column (B)	, une Tuc.)				b	,445.

Schedule D (Form 990) 2020

Dart V	Linhilitian

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the 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. Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number THE SYLVIA CENTER, INC. 20-4297703 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f Solicitation of government grants □ Phone solicitations g X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody from activity fundraiser or entity (fundraiser) or control of contributions? organization listed in col. (i) Yes No JKS EATS, INC. - 540 MASTER OF CEREMONY/FUNDRAISING EVENT Х 359,840 30,000 329,840. PRESIDENT ST. BROOKLYN, NY TRUE EATS, INC. - PO BOX 779, SAG HARBOR, NY 11963 GRANT WRITING 6,000 359,840. 36,000, 329,840, 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. NY

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

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

SEE PART IV FOR CONTINUATIONS

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ART OF FARM TO NONE (add col. (a) through COOKING TABLE col. (c)) (event type) (event type) (total number) Revenue 379,637. 96,652. 476,289. 1 Gross receipts 373,445. 80,543. 2 Less: Contributions 453,988. 6,192. 16,109. 22,301. Gross income (line 1 minus line 2) 4 Cash prizes 6,192. 2,037. 8,229. Noncash prizes Direct Expenses Rent/facility costs 2,964. 2,964. 11,108. 11,108. Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 22,301. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2020 032082 11-25-20

Schedule G (Form 990 or 990 EZ) 2020 THE SYLVIA CENTER, INC.	20-4297703 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	***********
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:
	,,
Name	
	TOTAL
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the am	iount
of gaming revenue retained by the third party > \$	S GITT
c If "Yes," enter name and address of the third party:	
,	
Name	
	WORKS AND THE PROPERTY OF THE
Address >	
	Office and the second s
16 Gaming manager information:	
Name >	
Gaming manager compensation > \$	
Description of services provided	MM:

	99900000000000000000000000000000000000
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	· · · · · · · · · · · · · · · · · · ·
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDR.	AISERS:
	Mygenesses 21
ATT MANUE OF THE PART THE TARE	
(I) NAME OF FUNDRAISER: JKS EATS, INC.	
/T) ADDRESS OF BUNDDATCED. EAG DESTREME SEE DEGOVERN NV.	11015
(I) ADDRESS OF FUNDRAISER: 540 PRESIDENT ST, BROOKLYN, NY	11215
), 1997-1997-1997-1997-1997-1997-1997-1997
	CONTRACTOR

Schedule G	(Form 990 or 990-EZ) Supplemental Info	THE	SYLVIA	CENTER,	INC.		20-4297703 Page 4
Part IV	Supplemental Info	rmation	(continued)	720			
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name o	f the organization							Employer identification number
-	THE SYLVIA		INC.			740WA		20-4297703
Part I	General Information on Grants ar	nd Assistance				- EXPLORAGINATION OF	· · · · · · · · · · · · · · · · · · ·	
	oes the organization maintain records to		_				·	
CI	iteria used to award the grants or assis	tance?	*********	interpretation of the state of	ing a special separate separate separate	**************************************	માં માના લેવા માને તે તે માત્ર કરી કર્યા છે. તે	X Yes No
-	escribe in Part IV the organization's pro							
Part II					-	anization answered "\	es" on Form 990, Par	t IV, line 21, for any
	recipient that received more than \$	424444444444444444444444444444444444444		T	The state of the s	(f) Method of		
3) [a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3						regional exceptation of the control		
				THE PROPERTY OF THE PROPERTY O			Personal Control of the Control of t	
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	****						To the second se	Name of the state
			de conscious de la consciou de la co			***************************************		

	nter total number of section 501(c)(3) ar nter total number of other organizations							Service L

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUDENT STIPENDS	1.6	16,460	. 0.		
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Part IV Supplemental Information. Provide the information	ition required in Part I, lin	e 2; Part III, columr	(b); and any other a	dditional information.	
PART I, LINE 2:					
THE CHILD IS ALLED TO SHOW	T1776 11501 601				The contraction of the contracti
THE STIPEND IS AWARDED TO STUD	ENTS UPON COL	MPLETION C	F PROJECT	MILESTONES	- West Annielle Control of the Contr
OUTLINED IN THE PROGRAM CRITER	IA. STUDENTS	MUST COMP	LETE ALL P	ROJECT	
ATTERMONES IN OPPED TO DESCRIVE					
MILESTONES IN ORDER TO RECEIVE	THEIR STIPE	ND .		A STATE OF THE STA	201107-000-04-00-000-000-000-000-000-000-000
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	and the second s				
WWW.	20110		1.	- Committee of the Comm	

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

INC.

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SYLVIA CENTER,

Employer identification number 20-4297703

P	art I Questions Regarding Compensation	20 423110		***************************************
***************************************			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	0,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal	use		erolar/avenas
	Travel for companions Payments for business use of personal residence.	ence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, c	:hef)	No. of Contract of	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		

3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	-		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to	WARRANG COUNTY	
	establish compensation of the CEO/Executive Director, but explain in Part III.		Since of the latest states and the latest st	
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation com	mittee		
		No warming and a constraint of the constraint of		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	Carlos Ca		
	organization or a related organization:	NO.		
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?		<u>. </u>	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	ļ		
а	The organization?	5a	· ·	X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	nooneeneed.		ĺ
	contingent on the net earnings of:			ĺ
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	······	ļ	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		walestroom	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			i.
	Regulations section 53.4958-6(c)?	9		************
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forn	n 990)	2020

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation (ii) Bonus & (iii) Other reportable compensation compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferre on prior Form 990	
(0)	Marie Control							
(6)					Contract of the Contract of th			
(1)	e e e e e e e e e e e e e e e e e e e					The state of the s		
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(ii)	:							
(i) (ii)	(A. A. A					<u> </u>		

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance (e) Purpos	Name of the organization									' identi		on nu	mber
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Part IV Business Transactions Invol	ving Inter	este	d Persor	15.		<u> </u>	103	Page 2
Complete if the organization answere	d "Yes" on F	orm 9	90, Part IV,	line 28a, 28	b, or 28c.			
(a) Name of interested person	(b) Relation	onship	between i the organi	nterested	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
GREAT PERFORMANCES, INC	OMNIED	DV	DOADE	MEMO	(02 050		Yes	No
GREAT PERFORMANCES, INC KATCHKIE FARM	OWNED		***************************************) MEMB		PAYMENT FOR LABOR	<u> </u>	X
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Part V Supplemental Information.								
Provide additional information for res	ponses to qu	estion	s on Sched	dule L (see ir	nstructions).	Walter Street Company of the Company		*******************************
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(A) NAME OF PERSON: GREAT	PERFOR	RMAI	NCES,	INC	7.			
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(B) RELATIONSHIP BETWEEN	INTERES	3'I'EI) PERS	ON ANL	ORGANIZAT	ION:		
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(C) AMOUNT OF TRANSACTION	\$ 683.	. 959	9.					
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OTHER EXPENSES								
OTHER EXPENSES								
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244		·		Summer Co. Co.	THE DESCRIPTION OF THE PROPERTY OF THE PROPERT			
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OWNED BY BOARD MEMBER								
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(D) DESCRIPTION OF TRANSA	CTION:	LAE	BOR					
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE SYLVIA CENTER.

Employer identification number

INC. 20-4297703 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOR HEALTHY FOOD IN THEIR FAMILIES AND COMMUNITIES. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: IN 2020, THE ORGANIZATION STARTED A FRESH MEAL FUND PROGRAM TO PROVIDE EMERGENCY MEALS TO HEALTHCARE WORKERS IN RESPONSE TO COVID-19. FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: DUE TO COVID-19 MOST PROGRAMS ARE VIRTUAL RATHER THAN IN PERSON. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: FULL PLATE: FULL PLATE IN THE CLASSROOM: A SERIES OF THREE OR MORE LESSONS TO PRESCHOOL OR ELEMENTARY YOUTH. THE CURRICULUM IS DESIGNED TO INSPIRE FOOD EXPLORATION, PROVIDE NUTRITION EDUCATION, AND THE SKILLS TO PREPARE A HEALTHY SNACK. WHENEVER POSSIBLE, WE PAIR OUR FULL PLATE IN THE CLASSROOM LESSON WITH A FULL PLATE ON THE FARM VISIT. FULL PLATE ON THE FARM: A RANGE OF AGES, FROM PRESCHOOL TO COLLEGE, JOIN US ON THE FARM WHERE PARTICIPANTS EXPERIENCE, FIRST HAND, THE CONNECTION OF FOOD TO FARM WHILE LEARNING ABOUT AGRICULTURE, COOKING, AND NUTRITION. THESE PROGRAMS INVOLVE A FARM TOUR, ACTIVITIES IN OUR LEARNING GARDEN, AND PREPARING ONE OR MORE RECIPES IN OUR OUTDOOR KITCHEN SPACE. EXPENSES \$ 153,675. INCLUDING GRANTS OF \$ 0. REVENUE \$ 900.

FORM 990, PART VI, SECTION A, LINE 2:

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization Employer identification number THE SYLVIA CENTER, INC. 20-4297703 LIZBETH NEUMARK AND CHAIM WACHSBERGER HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR WITH THE CPA FIRM. THE EXECUTIVE DIRECTOR PRESENTS THE 990 TO THE BOARD OF DIRECTORS FOR APPROVAL. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY SIGN THE CONFLICT OF INTEREST FORM AND DISCLOSE ANY POTENTIAL CONFLICTS IN ACCORDANCE WITH THE POLICY. ALL POTENTIAL CONFLICTS ARE REVIEWED AND RESOLVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS RELIED ON THEIR COLLECTIVE EXPERIENCE TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION. THE BOARD ALSO REVIEWED NONPROFIT SALARY SURVEYS AND COMPENSATION REPORTS TO ENSURE THAT THE EXECUTIVE DIRECTOR'S COMPENSATION WAS IN LINE WITH OTHER ORGANIZATIONS OF THE SAME SIZE IN A SIMILAR FIELD. THIS WAS UNDERTAKEN IN SPRING 2020 WHEN A NEW EXECUTIVE DIRECTOR WAS HIRED. FORM 990, PART VI, SECTION C, LINE 19: NO OTHER DOCUMENTS AVALIABLE TO THE PUBLIC PART IV, LINE 12A AND PART XII, LINE 2B

DURING 2020, THE ORGANIZATION CHANGED ITS YEAR END TO JUNE 30 AND WILL BE AUDITED FOR THE EIGHTEEN MONTH PERIOD ENDED JUNE 30, 2021.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Description	Oruz J.	JO FROE IO		- Commonwealth - Comm				, , , ,				A CONTRACTOR OF THE PROPERTY O		<u>, and a series to the end of the contractors of th</u>	
1 FURNITURE AND EQUIPMENT VARIOUS .000 HY16 29,210. 29,210. 26,530. 1,440. 27,970. *990 PAGE 10 TOTAL MACHINERY & EQUIPMENT 29,210. 26,530. 1,440. 27,970. OTHER 2 WEBSITE VARIOUS .000 HY16 50,000. 50,000. 47,000. 3,000. 50,000. 47,000. 3,000. 50,000. *990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10	Asset No.	Description	Date Acquired	Method	Life	Conv	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
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* GRAND TOTAL 990 PAGE 10	3	LEASEHOLD IMPROVEMENTS	VARIOUS		.000	HAT 6	7,805.		CERTIFICATION AND ADMINISTRATION		7,805.	2,080.		520,	2,600,
DEPR 87,015. 75,610. 4,960. 80,570.							57,805.	non-transportation of the contraction of the contra			57,805.	49,080.	- 1	3,520.	52,600.
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028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of t	his form, visit www.irs.gov/e-file-providers/e-file-for-chan	ities-and-r	non-profits.							
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).							
All corpo	orations required to file an income tax return other than File Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnersh	ips, REMIC	Os, and trusts					
Type or print	Name of exempt organization or other filer, see instru	ıctions.		Taxpaye	r identification	n number (TIN)				
File by the	THE SYLVIA CENTER, INC.	·		and the same of th	20-42	97703				
File by the due date fo filing your return, See	Number, street, and room or suite no. If a P.O. box, see instructions. 2417 3RD AVENUE, NO. 301									
Instructions	BRONX, NY 10451					· · · · · · · · · · · · · · · · · · ·				
	Return Code for the return that this application is for (file	e a separa	te application for each return)	N 5 8 5 A 4 6 A 5 B 6 6 6 9 A	2457237542343244240					
Applicat Is For	ion	Return	Application Is For			Return Code				
-	O or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 99	D-BL	02	Form 1041-A			08				
Form 47	20 (individual)	03	Form 4720 (other than individual)			09				
Form 99		04	Form 5227			10				
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069							
Form 990	D-T (trust other than above)	06	Form 8870			11				
Telepoint If the If this box box the If the	ooks are in the care of 2417 3RD AVENUE hone No. 212-337-6093 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the interpretation of the group, check this box equest an automatic 6-month extension of time until a organization named above. The extension is for the organization of the organiz	s in the Ur Group Exe and atta	Fax No. Fax No	 If this is fo f all memb	r the whole gi ers the exten	sion is for.				
	X calendar year 2020 or									
	tax year beginning	, an	d ending		*					
2 If t	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period									
3a Ift	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less			William Committee or a committee or				
an	y nonrefundable credits. See instructions.			3a	\$	0.				
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and							
est	imated tax payments made. Include any prior year overp	ayment al	lowed as a credit.	3b	\$	0.				
с Ва	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by			The same and the s				
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	S	0.				
Caution: nstructio	If you are going to make an electronic funds withdrawal	(direct del	bit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879	-EO for payment				
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.		Form 88	368 (Rev. 1-2020)				

023841 04-01-20

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Α	For the	e 2021 calendar year, or tax year beginning U	AN I, ZUZI and	ending J	UN 30, 2021					
В	Check if applicable	C Name of organization			D Employer identific	cation number				
	Addre chang		•							
	Name chang	e Doing business as			20-42977	03				
	Initial return Final return	2417 3DD ATENITE	vered to street address)	Room/suite 301	E Telephone number 212-337-6093					
	termir	City or town, state or province, country, and 2	ZIP or foreign postal code	l	G Gross receipts \$	176,240.				
	Amen return	BRONX, NY 10451	- '		H(a) Is this a group re	eturn				
	Application	F Name and address of principal officer. O CIV	ATHAN CETNARSKI		for subordinates					
	pendi	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No				
				or 527	If "No," attach a	list. See instructions				
		te: ► WWW.SYLVIACENTER.ORG			H(c) Group exemptio					
		<u> </u>	sociation Other	L Year	of formation: 2006 N	N State of legal domicile: NY				
P	art I	Summary		C 37 T 3 T 7 X	CENTED C M	TOOTON TO				
Activities & Governance	1	Briefly describe the organization's mission or most TO TEACH THE CONNECTION BI	significant activities: THE ETWEEN FOOD AND	HEALT	H.	15510N 15				
ern	2	Check this box if the organization discon	tinued its operations or dispo	sed of more	1					
Š	3	Number of voting members of the governing body (. , , , , , , , , , , , , , , , , , , ,		3	14				
<u>«</u>	4	Number of independent voting members of the gov				14				
ties	5	Total number of individuals employed in calendar ye				0 10				
Ę	6	Total number of volunteers (estimate if necessary)				0.				
Ac	7a	Total unrelated business revenue from Part VIII, col				0.				
	l b	Net unrelated business taxable income from Form 9	990-1, Part I, line 11	······						
		Contributions and grants (Part VIII line 1h)			Prior Year 1,733,041.	Current Year 121,288.				
Jue	8				76,829.	45,970.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		6,238.	734.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			2,055.	8,248.				
	1	Total revenue - add lines 8 through 11 (must equal)	1,818,163.	176,240.						
		Grants and similar amounts paid (Part IX, column (A			16,460.	4,000.				
		Benefits paid to or for members (Part IX, column (A)			0.	0.				
S		Salaries, other compensation, employee benefits (F			841,790.	387,153.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)	36,000. 12,						
xbe	b	Total fundraising expenses (Part IX, column (D), line	e 25) > 99,9	87.						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		814,975.	116,149.				
	18	Total expenses. Add lines 13-17 (must equal Part IX	K, column (A), line 25)		1,709,225.	519,302.				
	19	Revenue less expenses. Subtract line 18 from line	12		108,938.	-343,062.				
Net Assets or Find Balances				Ве	ginning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)			1,355,331.	1,233,212.				
et A	21	Total liabilities (Part X, line 26)			40,112.	261,557.				
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		1,315,219.	971,655.				
		alties of perjury, I declare that I have examined this return, i	including accompanying schedule	ac and ctatam	ante and to the heet of m	v knowledge and helief it is				
	-	ct, and complete. Declarati <u>on of pr</u> eparer (other than office)				y knowledge and belief, it is				
	, 001100	A. Gra	1) 13 basea on an information of w	mon propurer		5/22				
Sig	ın	Signature of officer			Date	3122				
He		JONATHAN CETNARSKI, EXI	ECUTIVE DIRECTO	R						
110		Type or print name and title								
		Print/Type preparer's name	Preparer's signature	1	Date Check	PTIN				
Pai	d	LAUREN CRESCI	. 3		if self-employ	P01268493				
	parer		PAS LLP			13-1655065				
	Only	Firm's address 551 FIFTH AVENUE								
		NEW YORK, NY 101			Phone no.21	2-697-2299				
Ma	v the II	RS discuss this return with the preparer shown above			<u> </u>	X Ves No				

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE SYLVIA CENTER'S MISSION IS TO TEACH THE CONNECTION BETWEEN FOOD
	AND HEALTH.
_	
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? 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.
	COOKS FOR HEALTH:
	PROVIDES CULINARY AND NUTRITION EDUCATION THROUGH COOKING CLASSES
	RUNNING FROM SIX TO FOURTEEN LESSONS, DEPENDING ON THE AGES OF
	PARTICIPANTS. COOKS FOR HEALTH FAMILY CLASSES OFFER THE SAME CURRICULUM
	AND INVITE A PARENT OR GUARDIAN TO COOK ALONG WITH PARTICIPANTS.
	LESSONS FOCUS ON PREPARING HEALTHY, PLANT-BASED RECIPES WITH AN
	EMPHASIS ON THE ROLE OF NUTRITION IN GOOD HEALTH AND FOCUSES ON
	BUILDING PARTICIPANTS' SKILLS, CONFIDENCE, AND FOOD KNOWLEDGE INSIDE AND OUTSIDE THE KITCHEN.
	AND OUTSIDE THE RITCHEM.
	-
4b	(Code:) (Expenses \$ 92,098 • including grants of \$ 4,000 •) (Revenue \$ 990 •)
	TEEN CULINARY APPRENTICESHIP:
	PREPARES 16-18-YEAR-OLDS TO BECOME PEER ADVOCATES FOR HEALTH AND
	NUTRITION AND PROVIDES PROFESSIONAL DEVELOPMENT THROUGH FOOD
	INDUSTRY-RELATED JOB OPPORTUNITIES. APPRENTICES EXPLORE FOOD JUSTICE
	AND FOOD SCIENCE AS THEY LEARN THE BENEFITS OF PLANT-FORWARD EATING.
	THE CREDIT BEARING PROGRAM CULMINATES WITH PARTICIPANTS SERVING AS PAID TEEN CHEF INSTRUCTORS AT SUMMER CAMPS WITH A MISSION TO TEACH YOUTH IN
	THEIR COMMUNITY ABOUT HEALTHY FOOD AND WHERE IT COMES FROM.
	THEIR COMMONITY ADOUT HEADING TOOD AND WHERE IT COMED TROM:
4c	(Code:) (Expenses \$
	FULL PLATE:
	DESIGNED FOR OUR YOUNGEST PARTICIPANTS, THE LESSONS BUILD THE
	FOUNDATION FOR A LIFETIME OF HEALTHY EATING BY TEACHING THE CONNECTION BETWEEN THE FOOD THEY EAT AND WHERE IT COMES FROM. LESSONS FOCUS ON
	BUILDING CONFIDENCE IN THE KITCHEN. WHENEVER POSSIBLE, LESSONS ARE
	PAIRED WITH A FARM VISIT, ALLOWING PARTICIPANTS TO EXPERIENCE THE
	CONNECTION BETWEEN FOOD TO FARM WHILE LEARNING ABOUT AGRICULTURE,
	COOKING, AND NUTRITION.
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}
<u>4e</u>	Total program service expenses ► 356,048.

Part IV Checklist of Required Schedules

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

			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	22		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	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
		24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		3,7	
	"Yes," complete Schedule L, Part IV	28c	Х	37
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-00		
•	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		- v	
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Га	Check if Schedule O contains a response or note to any line in this Part V			
-	Oneon il Gonedule O contains a response di note to any illie in tris Fart v		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	J		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
10000		F	990	(2021)

132004 12-09-21

THE SYLVIA CENTER, INC.

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

				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	2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	8								
			3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			v					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X					
D	If "Yes," enter the name of the foreign country	(FDAD)								
5 -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		E-		Х					
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5a 5b		X					
	c 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									
ou	any contributions that were not tax deductible as charitable contributions?		6a		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut									
	were not tax deductible?									
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	to file Form 8282?									
d	d If "Yes," indicate the number of Forms 8282 filed during the year									
е	J , , , , , , , , , , , , , , , , , , ,									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h							
8	,									
			8							
9										
_	a Did the sponsoring organization make any taxable distributions under section 4966?									
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a								
a 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:	100								
	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.									
а	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	ı								
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c	14a		Х					
14a	· · · · · · · · · · · · · · · · · · ·									
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		15		Х					
	excess parachute payment(s) during the year?									
If "Yes," see the 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?										
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv								
"	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									
	100, Complete Fermi Cook.									

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									
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х							
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b										
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X							
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
_	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►NY									
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) availa	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
X Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial							
	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									
	JONATHAN CETNARSKI - 212-337-6093									
	2417 3RD AVENUE, 301, BRONX, NY 10451									

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) CINDY EDELSON CHAIRMAN	1.00	X		х				0.	0.	0.	
(2) TRUDY GOTTESMAN	1.00	╫						•	•		
SECRETARY AND VICE CHAIR		X		х				0.	0.	0.	
(3) PHIL MELDRUM	1.00							-			
TREASURER		x		х				0.	0.	0.	
(4) LIZBETH NEUMARK	1.00										
FOUNDER		Х		Х				0.	0.	0.	
(5) COURTNEY ARCHER-BUCKMIRE	1.00										
DIRECTOR		X						0.	0.	0.	
(6) LYNN COLE	1.00										
DIRECTOR		Х						0.	0.	0.	
(7) NINA FREEDMAN	1.00										
DIRECTOR		Х						0.	0.	0.	
(8) DEBBIE GARDNER	1.00							_	_	_	
DIRECTOR		Х						0.	0.	0.	
(9) TARA GENDELMAN	1.00	ļ								_	
DIRECTOR	1	Х						0.	0.	0.	
(10) DODI MEYER MD	1.00	↓								•	
DIRECTOR	1 00	X						0.	0.	0.	
(11) SCOTT MILLSTEIN	1.00	ļ								•	
DIRECTOR	1 00	Х						0.	0.	0.	
(12) MICHAEL POLLACK	1.00	٠,,								0	
DIRECTOR	1.00	X						0.	0.	0.	
(13) HOWARD PULCHIN	1.00	X						0.	0.	0.	
DIRECTOR	1.00	^						0.	0.	0.	
(14) CHAIM WACHSBERGER DIRECTOR	1.00	X						0.	0.	0.	
(15) JONATHAN CETNARSKI	40.00	1						0.	0.		
EXECUTIVE DIRECTOR	40.00	1		x				0.	0.	0.	
		\vdash		<u> </u>	\vdash	\vdash			•	<u></u>	
		1									
-		\vdash	\vdash		<u> </u>						
		1									
								1			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week	(do box		Pos heck ss pe	ition more rson	l than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	/	ompensa from the organizati and relate organization	e ion ed
	·	=	=	0	32	工品	Œ.					
										\perp		
										+		
										\perp		
										+		
1b Subtotal c Total from continuation sheets to Part Vi	I, Section A						<u>▶</u>	0.	(0.		0. 0.
d Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							no re					0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-	-	-		_	phest compensated emp	•	3	Yes	No X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab 0,000? <i>If "Yes,</i>	le co " <i>co</i>	omp <i>mpl</i> e	ensa ete S	atior Sche	and adule	d otl	her compensation from for such individual	the organization	4	4	Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," commoderation B. Independent Contractors	-				-		elat 	ed organization or indivi	idual for services	5	5	X
Complete this table for your five highest co the organization. Report compensation for	-	-							•	ensatio		
(A) Name and business	address	N	INC	3				(B) Description of s	ervices	Com	(C) npensation	n
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to		_	stec	d above) who received m	nore than			
\$100,000 of compensation from the organi	zation >					0				Fo	rm 990 (2	2021)

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Pa	rt VI	Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		Oneok ii ochedule O contains a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c c c e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	121,288. 616.	121,288.			
	2 a	DDOGDAN HEEG	Business Code 900099	45,970.	45,970.		
Program Service Revenue	b c c		300033	23,3700	43,370		
۵ ا	f	All other program service revenue		45,970.			
	3 4	Investment income (including dividends, inter other similar amounts) Income from investment of tax-exempt bond	rest, and	734.			734.
	5	Royalties	·				
	b	Gross rents 6a 6b 6c Rental income or (loss)	(ii) Personal				
	d	Net rental income or (loss) Gross amount from sales of assets other than inventory 7a	(ii) Other				
Revenue	c	D Less: cost or other basis and sales expenses 7b Gain or (loss) 7c					
Other R		Net gain or (loss)	>				
		Part IV, line 18 8a Less: direct expenses 8t Net income or (loss) from fundraising events					
	9 a	Part IV, line 19 9a Less: direct expenses 9t					
	10 a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold 10					
\Box		Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a		Business Code 900099	8,248.			8,248.
Reve	c						
Σ		All other revenue		8,248.			
	12	Total. Add lines 11a-11d Total revenue. See instructions	P	176,240.	45,970.	0.	8,982.

132009 12-09-21

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).

Do i	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	4 000	4 000		
_	individuals. See Part IV, line 22	4,000.	4,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	82,749.	57,924.	8,275.	16,550
_	trustees, and key employees	02,143.	31,344.	0,213.	10,330
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	251,755.	183,994.	13,253.	54,508
7	Other salaries and wages	ZJI, 133.	103,334.	13,433.	54,500
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	22,074.	16,632.	1,392.	A 050
9	Other employee benefits	30,575.	22,825.	2,075.	4,050 5,675
10	Payroll taxes	30,313.	22,023.	4,013.	3,013
11	Fees for services (nonemployees):				
	Management				
b	Legal	23,052.		23,052.	
	Accounting	23,032.		23,032.	
	Lobbying	12,000.			12,000
	Investment management fees	12,000.			12,000
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	3,390.	1,302.		2,088
12	Advertising and promotion	1,555.	1,252.	303.	2,000
13	Office expenses	5,681.	316.	5,365.	
14	Information technology	3,0020	3201	3,3331	
15	Royalties				
16	Occupancy	5,802.	3,671.	2,131.	
17	Travel	3,069.	2,657.	412.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,500.		1,500.	
23	Insurance	1,078.		1,078.	
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 0.)				
а	PROGRAM EXPENSES	42,330.	42,330.		
h	BANK, MERCHANT AND OTHE	22,981.	16,290.	2,442.	4,249
c	OTHER EXPENSES	5,095.	2,239.	1,989.	867
d	DONATED FOOD	616.	616.	-,,,,,	
_					
25	Total functional expenses. Add lines 1 through 24e	519,302.	356,048.	63,267.	99,987
26	Joint costs. Complete this line only if the organization	-,	,	, –	/
0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	. \square				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (

ra	IL A	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			505,648.	1	477,698.
	2	Savings and temporary cash investments	701,978.	2	195,646.		
	3	Pledges and grants receivable, net	109,980.	3	21,000.		
	4	Accounts receivable, net			25,569.	4	13,971.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descr				6	
S	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			5,711.	9	13,388.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		57,805.			
	Ь	Less: accumulated depreciation		52,859.	6,445.	10c	4,946.
	11	Investments - publicly traded securities			<u> </u>	11	506,563.
	12	Investments - other securities. See Part IV, lin				12	•
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			1,355,331.	16	1,233,212.
	17	Accounts payable and accrued expenses	38,817.	17	66,935.		
	18	Grants payable	<u> </u>	18	•		
	19	Deferred revenue			1,295.	19	
	20	Tax-exempt bond liabilities			·	20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
ig		controlled entity or family member of any of t				22	
Ë	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel				24	117,790.
	25	Other liabilities (including federal income tax,		F			·
		parties, and other liabilities not included on li					
		of Schedule D		,	0.	25	76,832.
	26	Total liabilities. Add lines 17 through 25			40,112.	26	261,557.
		Organizations that follow FASB ASC 958,			,		
Ses		and complete lines 27, 28, 32, and 33.					
au	27				1,196,744.	27	936,091.
Bal	28	Net assets with donor restrictions			118,475.	28	35,564.
pu		Organizations that do not follow FASB AS					
Ē		and complete lines 29 through 33.	·,				
ŏ	29	Capital stock or trust principal, or current fur	ds			29	
sets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,315,219.	32	971,655.
2	33	Total liabilities and net assets/fund balances			1,355,331.	33	1,233,212.
	100	Total habilities and not assets/fully balances			=, = = = , = = = +	55	=,=30,==0

Pa	rt 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)	1			40.
2	Total expenses (must equal Part IX, column (A), line 25)	2			02.
3	Revenue less expenses. Subtract line 2 from line 1	3	-34		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,31		
5	Net unrealized gains (losses) on investments	5		-5	02.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	97	1,6	55.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE SYLVIA CENTER, INC. 20-4297703 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). 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.) 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 X 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	() 00/=			1 (0 0000		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	ata (aga inatuuati				12	<u> </u>
	Gross receipts from related activities, First 5 years. If the Form 990 is for th			fourth or fifth toy			
13	organization, check this box and stop	ŭ		•	•	. , . ,	
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020						
	33 1/3% support test - 2021. If the co						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances tes	-		*	-		
	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circu						>
18	Private foundation. If the organizatio		-	•			ns ▶
							(Form 990) 2021

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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.)

Sec	qualify under the tests listed betion A. Public Support	elow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 2011	(2) 2010	(0) 2010	(4) 2020	(6) 2321	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")	780,778.	1136325.	1096313.	1733041.	121,288.	4867745.
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	46,426.	84,960.	85,656.	76,829.	45,970.	339,841.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513		53,500.				53,500.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	827,204.	1274785.	1181969.	1809870.	167,258.	5261086.
	Amounts included on lines 1, 2, and	02/,20±•	12/1/00°		10000700	107,250	2231300.
1 a	3 received from disqualified persons		209,095.	166,648.	192,387.	5,000.	573,130.
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		200,000	100,040.	132,307.	3,000.	37371300
	amount on line 13 for the year				12,975.	15,924.	28,899.
c	: Add lines 7a and 7b		209,095.	166,648.	205,362.	20,924.	602,029.
	Public support. (Subtract line 7c from line 6.)						4659057.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2017 827, 204.	1274785.	1181969.	1809870.	167,258.	5261086.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,		7,372.	10,040.	6,238.	734.	24,384.
b	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		7,73720	10/0101	0,2301	7510	21,301
_	***************************************		7,372.	10,040.	6,238.	734.	24,384.
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		1,312.	10,040.	0,230.	754.	24,504.
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)				2,055.	8,248.	10,303.
13	Total support. (Add lines 9, 10c, 11, and 12.)	827,204.	1282157.	1192009.	1818163.	176,240.	5295773.
	First 5 years. If the Form 990 is for the check this box and stop here				year as a section 5		on, ▶
	ction C. Computation of Publ						07 00
15	Public support percentage for 2021 (I					15	87.98 %
16	Public support percentage from 2020					16	89.41 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.46 %
18	Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	.41 %
19a	33 1/3% support tests - 2021. If the	organization did n				33 1/3%, and line 1	
	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	nd stop here. The organization did n	organization quali ot check a box on	fies as a publicly s line 14 or line 19a	upported organiza a, and line 16 is mo	ntion ore than 33 1/3%, a	▶ X
	line 18 is not more than 33 1/3%, che Private foundation. If the organization		-	· ·		structions	(Form 990) 202

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

- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
ъa		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	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		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	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		
Seci	ion D. All Type III Supporting Organizations		1	
			Yes	No
	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		
	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		
	By reason of the relationship described on 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		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction			
a	The organization satisfied the Activities Test. Complete line 2 below.	-,-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 on 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.			
а	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		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Sche	edule A (Form 990) 2021 THE SYLVIA CENTER, INC	•		20-4297703 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain ir	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

6

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509		anizations (continu	<u> </u>	0-4291103 Page 1
	on D - Distributions	(4)(0) 04pporting 019	COMMINE	<u>Jea)</u>	Current Year
	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
	Amounts paid to acquire exempt-use assets	11 5		4	
	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
	Distributable amount for 2021 from Section C, line 6				
	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u> _	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
<u>e</u>	Excess from 2021				la a de la A (Farma 000) 0004

Schedule A (Form 990) 2021

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 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.)
PART III COLUMN (E)
THE ORGANIZATION CHANGED ITS YEAR END FROM DECEMBER 31 TO JUNE 30,
EFFECTIVE JUNE 30, 2021. ACCORDINGLY, SCHEDULE A, PART III, COLUMN (E)
REFLECTS INFORMATION FOR THE SHORT PERIOD JANUARY 1, 2021 TO JUNE 30,
2021.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

THE SYLVIA CENTER, INC.

Employer identification number 20-4297703

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other S	imilar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 hel	d in donor advised fur	nds
	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 a	advisors in writing that gra	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confe	ring
_	impermissible private benefit?			
Par		•	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea			orically important land area
	Protection of natural habitat		Preservation of a cert	fied historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or te	erminated by the organ	lization during the tax
4	year ▶ Number of states where property subject to conservation ea	ecoment is legated		
4 5	Does the organization have a written policy regarding the pe		on handling of	
3	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		d enforcing conservati	
Ŭ		, riarraning or violations, and	a criteroling conservati	on easements daming the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enf	orcina conservation ea	asements during the year
	▶ \$	g	g	
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirement	s of section 170(h)(4)(E	B)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statements th	nat describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections o	of Art, Historical Trea	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its reve	nue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtherand	e 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 tre			provide
	the following amounts required to be reported under FASB A			
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instruction	s tor Form 990.		Schedule D (Form 990) 2021

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ı aı	Cin Organizations Maintaining C	A CHECHOIS OF A	11, 1113	torical II	easures, (or Othe	Jiiiiii	ai Aoot	L3(COITUI	ueu)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	t make si	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	: <u> </u>	Loan or exc	hange progra	am					
b	Scholarly research	e	• 📖	Other							
С	c Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	er similar	assets		7	_	7
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pai	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.										
па	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?										
									Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:					A may un		
									Amoun		
C	Beginning balance										
a	Additions during the year										
e	Distributions during the year										
f	Ending balance								1,,		Τ
	Did the organization include an amount on F								Yes		∐ No
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										
ı aı	Endowment Funds: Complete	(a) Current year		Prior year	(c) Two year			ears hack	(e) Four	vears	hack
4.	Deginning of year belongs	(a) Current year	(5)	noi yeai	(c) Two your	TO BUOK ((a) 111100 y	ouro buon	(C) i oui	youro	Duon
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses					+					
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs					+					
f	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the curr		L (line 1	la column ()) hold as:						
	Board designated or quasi-endowment	rent year end baland	%	rg, coluiriir (a	ajj Heiu as.						
a h	Permanent endowment	%									
C											
·	The percentages on lines 2a, 2b, and 2c sho	, -									
32	Are there endowment funds not in the posse	•	ation th	at are held a	and administe	ared for th	ne organiz	ation			
ou	by:	oolon or the organiz	ation th	at are from t	ara aarriiriiote	ored for th	io organiz	ation	ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza								3b	$\neg \uparrow$	
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a. 9	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	d	(d) Boo	k value	—— ә
	, , , ,	basis (investr			(other)		reciation		. ,		
1a	Land										
b	Buildings										
С	Leasehold improvements				7,805.		2,85	59.		4,9	46.
d	Equipment										
е	Other			5	0,000.		50,00	00.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	mn (B), line 1	10c.)					4,9	46.
		-					9	Schedule	D (Forn	1 9901	2021

Schedule D (Form 990) 2021 THE SYLVIA	A CENTER, INC.	20)-4297703 _{Page}
Part VII Investments - Other Securities.	- CERTERY EROS		, 1237703 Fage
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security	y) (b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye		•	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Other Assets.			
Complete if the organization answered "Ye		11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) REFUNDABLE ADVANCES			76,832
(3)			
(4)			
(5)			

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...

Schedule D (Form 990) 2021

(6) (7) (8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

76,832.

Pai	t XI	Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per R	eturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.			
1	Total	revenue, gains, and other support per audited financial statements			1	224,334.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a	-502.		
b		ed services and use of facilities		48,596.		
С		veries of prior year grants				
d		(Describe in Part XIII.)				
е		nes 2a through 2d			2e	48,094.
3	Subtra	act line 2e from line 1			3	176,240.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
		nes 4a and 4b			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.,			5	176,240.
Pai	rt XII	Reconciliation of Expenses per Audited Financial St	atements With	Expenses per	Return) .
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.			
1	Total	expenses and losses per audited financial statements			1	567,898.
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a	48,596.		
b		vear adjustments				
С		losses	_			
d	Other	(Describe in Part XIII.)				
е		nes 2a through 2d	· · · · · · · · · · · · · · · · · · ·		2e	48,596.
3	Subtra	act line 2e from line 1			3	519,302.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			
		(Describe in Part XIII.)				
		nes 4a and 4b	· ·		4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	519,302.
		Supplemental Information.	,		•	
ines	2d and	l 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional inforn	nation.		

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of th	ne organization T	HE SYL	VI	A CENTER	. I	NC.						rident		on nu	ımber
Part I							tion 501(c)(4), and se	ection 501(c)(29) c			_			
									o, or Form 990-EZ						
1 ,,,,,,,			(b) R	elationship betv	veen c	disqua	lified						(d)	Corre	cted?
(a) Nai	me of disqualified p	person		person and or	ganiza	ation		(0	c) Description of t	ransacti	on		Y	es	No
													\perp		
													_		
2 Entor	the amount of tax i	incurred by t	ho or	ragnization man	agore	or disc	gualified	poreone du	ring the year und	or.				L	
	10=0	•		•	•		•	•	,		S				
	the amount of tax,										S				
	,	3,	,	,	,	•	J								
Part II	Loans to and	d/or From	Inte	erested Per	sons										
	Complete if the o	organization	answ	vered "Yes" on I	orm 9	990-EZ	, Part V,	line 38a or F	Form 990, Part IV	line 26	or if th	ne orga	anizati	on	
	reported an amo			, ,								V: \ A =			
(a) Name of (b) Relation				(c) Purpose of loan				Original	(f) Balance due		197 " by bo		proved ard or agreement?		/ritten
interested person with organ		with organiza	or loan		organization:		Princip	al amount		-			nittee?	_	1
					То	From				Yes	No	Yes	No	Yes	No
											<u> </u>				1
Total			<u></u>					> \$							
Part III	Grants or As			•											
	Complete if the o		1				- 		(n =						,
(a) N	lame of interested p	person	٠,	b) Relationshipinterested pers				Amount of ssistance	(d) Ty assist			•) Purp assista		ıτ
interested pers the organiza				u		0010101100		arroo		,	400101	41100			

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

Schedule L (Form 990) 2021

301 Eddie L (1 01111 330) 202 1	THE BIEVER CENTER, THE
Part IV Business Transaction	ons Involving Interested Persons.

Complete if the organization answered (a) Name of interested person	(b) Relation	nship	between ir the organiz	terested	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
							Yes	No
GREAT PERFORMANCES, INC	OWNED BY BOARD ME					PAYMENT FOR		Х
KATCHKIE FARM	OWNED	BY	BOARD	MEMB	908.	LABOR		Х
Part V Supplemental Information.								
Provide additional information for resp	onses to qu	estion	s on Sched	ule L (see i	nstructions).			
<u> </u>	·				•			
SCH L, PART IV, BUSINESS	TRANSA	CTIC	ONS IN	VOLVI	IG INTEREST	ED PERSONS:		
/A NAME OF DEDCOM. CDEAM	DEDEOI) 1 / 7 / 1	MORC	TNC				
(A) NAME OF PERSON: GREAT	PERFOR	KMAI	NCES,	INC				
(B) RELATIONSHIP BETWEEN	INTERES	STEI	D PERS	INA NC	ORGANIZAT	CION:		
OWNED BY BOARD MEMBER								
(C) AMOUNT OF TRANSACTION	\$ 28.9	940	_					
(C) AMOUNT OF THANKMENTON	γ 20, ₂	7 - 0	•					
(D) DESCRIPTION OF TRANSA	CTION:	PA	YMENT	FOR MI	EAL KITS			
(-)			-~-					
(E) SHARING OF ORGANIZATION	ON REVI	IUU	ES? =	NO				
(A) NAME OF PERSON: KATCH	KIE FAI	RM						
/D) DELAMIONGUED DEMOGRADI		3 m m 1	D D D D	037 33T	000331773	17.037		
(B) RELATIONSHIP BETWEEN	INTERES	9.T.E.I) PERS	ON ANI	ORGANIZAT	TON:		
OWNED BY BOARD MEMBER								
(C) AMOUNT OF TRANSACTION	\$ 908	•						
(D) DESCRIPTION OF TRANSA	CMTON.	T 7.1	DOD.					
(D) DESCRIPTION OF TRANSA	CIION:	цАі	DOK					
(E) SHARING OF ORGANIZATION	ON REVI	ENUI	ES? = :	NO				

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

THE SYLVIA CENTER, INC.

Employer identification number 20-4297703

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

DUE TO COVID-19 MOST PROGRAMS ARE HELD VIRTUALLY RATHER THAN IN PERSON.

FORM 990, PART VI, SECTION A, LINE 2:

LIZBETH NEUMARK AND CHAIM WACHSBERGER HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

THE BY-LAWS AND CONFLICT OF INTEREST POLICY WERE UPDATED.

CHANGES TO BY-LAWS: UPDATED TO INCLUDE DEFINITIONS OF EACH OF THE REQUIRED OFFICER POSITIONS AND UPDATED TO INCLUDE VOTING REQUIREMENTS FOR CERTAIN SCENARIOS SUCH AS PURCHASING PROPERTY OR AMENDING CERTAIN AREAS OF THE BY-LAWS.

CHANGES TO CONFLICT OF INTEREST POLICY: ADDED QUESTIONNAIRE THAT CORRELATES

DIRECTLY TO QUESTIONS ON FORM 990 TO ENSURE WE ARE BEING DETAILED AND

ACCURATE IN OUR TAX FILINGS. THE DEFINITIONS OF AN INDEPENDENT DIRECTOR AND

RELATED PARTY WERE UPDATED AND THE PROCEDURE FOR VOTING ON RELATED PARTY

TRANSACTIONS IS NOW OUTLINED IN DETAIL.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR WITH THE CPA FIRM. THE EXECUTIVE DIRECTOR PRESENTS THE 990 TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY SIGN THE

CONFLICT OF INTEREST FORM AND DISCLOSE ANY POTENTIAL CONFLICTS IN

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021

Name of the organization

Employer identification number

THE SYLVIA CENTER, INC.	20-4297703
ACCORDANCE WITH THE POLICY. ALL POTENTIAL CONFLICTS ARE R	EVIEWED AND
RESOLVED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS RELIED ON THEIR COLLECTIVE EXPERIE	NCE TO DETERMINE
THE EXECUTIVE DIRECTOR'S COMPENSATION. THE BOARD ALSO REV	TIEWED NONPROFIT
SALARY SURVEYS AND COMPENSATION REPORTS TO ENSURE THAT TH	E EXECUTIVE
DIRECTOR'S COMPENSATION WAS IN LINE WITH OTHER ORGANIZATION	ONS OF THE SAME
SIZE IN A SIMILAR FIELD. THIS WAS UNDERTAKEN IN SPRING 20	20 WHEN A NEW
EXECUTIVE DIRECTOR WAS HIRED.	
FORM 990, PART VI, SECTION C, LINE 19:	
NO OTHER DOCUMENTS AVALIABLE TO THE PUBLIC	

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	WEBSITE	VARIOUS		.000	ну1	50,000				50,000.	50,000.		0.	50,000.
3	LEASEHOLD IMPROVEMENTS	VARIOUS		.000	НУ1	7,805				7,805.	1,360.		1,500.	2,860.
	* TOTAL 990 PAGE 10 DEPR					57,805				57,805.	51,360.		1,500.	52,860.