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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2022 calendar year, or tax year beginning JULII, ZUZZ and	enaing L	<u>JUN 30, 2023</u>				
В	Check if applicabl	C Name of organization		D Employer identif	ication number			
	Addre	THE SYLVIA CENTER						
	Name chang	Doing business as		20-42977	03			
	□ Initial □ return □ Final	Number and street (or P.O. box if mail is not delivered to street address) 2417 3RD AVENUE	Room/suite 301	E Telephone number 212-337-				
	⊥return termin ated		501	1 000 606				
	Amen			G Gross receipts \$				
F	return □Applic		\т	H(a) Is this a group r				
	tion pendi	F Name and address of principal officer: BARBARA A. GLASSMAL	N	for subordinates				
_		SAME AS C ABOVE		H(b) Are all subordinates i				
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. See instructions			
_	Websi			H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 2006	M State of legal domicile: NY			
P	art I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities: EDUC.						
Activities & Governance		FAMILIES THROUGH CULINARY PROGRAMING TO P	ROMOT.	E HEALTH & W	ELL-BEING			
ž.	2	Check this box if the organization discontinued its operations or dispos	sed of more		1			
ŏ	3			3				
ر م	4	Number of independent voting members of the governing body (Part VI, line 1b)			17			
Se	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			40			
ζĘ	6	Total number of volunteers (estimate if necessary)		6	24			
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
d)	8	Contributions and grants (Part VIII, line 1h)		996,636.	1,580,843.			
Revenue	9	Program service revenue (Part VIII, line 2g)		130,533.	188,527.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,627.	17,653.			
ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		498.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,129,294.	1,789,032.			
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,000.	12,381.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.				
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		856,796.	1,046,363.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		37,164.	21,352.			
Sen	h	Total fundraising expenses (Part IX, column (D), line 25)200, 21	10.	<u> </u>	==,,,,,=:			
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		263,851.	353,867.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,162,811.				
	1	Revenue less expenses. Subtract line 18 from line 12		-33,517.	355,069.			
	4 13	Trevende 1633 expenses. Oubtract line 10 from line 12		eginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		1,020,898.	1,455,836.			
ASS	21	Total liabilities (Part X, line 26)		96,451.	165,199.			
\let.	22	Net assets or fund balances. Subtract line 21 from line 20		924,447.	1,290,637.			
P	art II	Signature Block		<i>V</i> = 1 / 1 1 1 1				
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the hest of m	v knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			, interneuge and sener, it is			
	(Mana compression account and the property (control than control) to account an information of the	or. proparo	, nac any registration				
Sig	n	Signature of officer		Date				
Hei		BARBARA A. GLASSMAN, EXECUTIVE DIRECTOR	,					
110		Type or print name and title		,				
		Print/Type preparer's name	18//	Date Check	PTIN			
Pai	d	MIKE SCHALL MIKE SCHALL		04/02/24 if self-emplo				
	parer	Firm's name SAX LLP			31-2950760			
	Only	Firm's address 1040 AVENUE OF THE AMERICAS 16TH	FLOOR	Timistin				
	Jy	NEW YORK, NY 10018	- 100K	Dhone no 21	.2-268-2804			
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		r none no. 4 1	X Yes No			
	9 tile ii 001 12-1	- · · ·	ons.		Form 990 (2022)			
-02					. 51111 - 5 5 (2022)			

Page 2

Pa	t III 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 EDUCATE YOUNG PEOPLE AND FAMILIES
	THROUGH CULINARY PROGRAMING TO PROMOTE HEALTH AND WELL-BEING.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	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 A SIMILAR
	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.
	(Code:) (Expenses \$ 234,561. including grants of \$ 12,381.) (Revenue \$)
4b	(Code:) (Expenses \$234,561.oulling grants of \$12,381.oulling grants of \$) TEEN CULINARY APPRENTICESHIP:
	PREPARES 16-18-YEAR-OLDS TO BECOME PEER ADVOCATES FOR HEALTH AND
	NUTRITION AND PROVIDES PROFESSIONAL DEVELOPMENT THROUGH
	APPRENTICESHIPS. APPRENTICES EXPLORE FOOD JUSTICE AND FOOD SCIENCE AS
	THEY LEARN THE BENEFITS OF PLANT-FORWARD EATING.
	THE 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 AND FOOD SCIENCE
	OR PROVIDES WORK-BASED LEARNING EXPERIENCES FOR PARTICIPANTS.
4c	(Code:) (Expenses \$ 67,757. including grants of \$) (Revenue \$1,500.)
	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 TO OUR LEARNING GARDEN ON KATCHKIE FARM,
	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 \$ including grants of \$) (Revenue \$
4e	Total program service expenses 1,038,158.
	Form 990 (2022)

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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		3,7
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		\
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?	_		x
10	If "Yes," complete Schedule D, Part IV	9		
10		10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
"	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	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		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			
	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		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		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			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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	X	_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7.7	
	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,"			_v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	, , , , , , , , , , , , , , , , , , , ,	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	990	(2022)

Part IV	Checklist of Required Schedules	(continued))

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		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			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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		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			1
	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 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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		<u> </u>
32	•	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
00	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			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	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		<u> X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		7.7	
Pai	Note: All Form 990 filers are required to complete Schedule O To V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Щ_
rai				
	Check if Schedule O contains a response or note to any line in this Part V			LLL No
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	Х	
232004	4 12-13-22			(2022)

THE SYLVIA CENTER 20-4297703 Page 5 Form 990 (2022) 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, 40 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с 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 contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Х

that would result in the imposition of an excise tax under section 4951, 4952 or 4953? Form 990 (2022)

15

16

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If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

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

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

X

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.

						X				
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	1a	17							
	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	17							
2	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	X					
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			3		X				
4										
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X				
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (one or							
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or							
	persons other than the governing body?			7b		_X_				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e 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 read	ched a	t the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	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 ch	apters	, 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	y befor	e filing the form?	11a	X					
b										
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 con	licts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe							
	on Schedule O how this was done			12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>				
b	Other officers or key employees of the organization			15b		X				
	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 arrangen	nent w	ith 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	•	•							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ									
	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, ar	nd 990	-T (section 501(c)(3)s	only)	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain		,							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, and	finand	cial					
	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 book	oks and	d records							
	BARBARA GLASSMAN - (212) 337-6093 2417 3RD AVENUE BRONX NY 10451									
	ZGIZ TRU AVENUE BRUNA NY 18471									

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 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.

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

(A) Name and title	(B) Average	(C) Position (do not check more than one		(D) Reportable	(E) Reportable	(F) Estimated				
	hours per	box,	unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated and property		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JONATHAN CETNARSKI	40.00									
FORMER EXECUTIVE DIRECTOR				Х				135,783.	0.	13,658.
(2) BARBARA A. GLASSMAN	40.00								_	
EXECUTIVE DIRECTOR				Х				49,673.	0.	3,080.
(3) LIZBETH NEUMARK FOUNDER	1.00	х						0.	0.	0.
(4) CYNTHIA EDELSON	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(5) TARA GENDELMAN	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(6) PHIL MELDRUM	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) TRUDY ELBAUM GOTTESMAN	1.00								_	_
SECRETARY		Х		X				0.	0.	0.
(8) NINA FREEDMAN	1.00	1								
DIRECTOR	1 00	Х						0.	0.	0.
(9) CHAIM WACHSBERGER	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(10) MICHAEL POLLACK	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(11) SCOTT MILLSTEIN	1.00	٠,							0	0
DIRECTOR (12) COURTNEY ARCHER-BUCKMIRE	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(13) LYNN COLE	1.00	Λ						· ·	0.	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(14) DANIELLE COLEN	1.00	21						•	.	<u></u>
DIRECTOR	1.00	х						0.	0.	0.
(15) JEAN-ROBERT ANDRE	1.00							•	•	
DIRECTOR		Х						0.	0.	0.
(16) PHILIP GRANT	1.00									
DIRECTOR		Х						0.	0.	0.
(17) AYESHA NURDJAJA	1.00								-	
DIRECTOR		Х						0.	0.	0.

(A) Name and title	(B) Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) (E) Reportable Reportable compensation compensation from from relate			on amount of		
	(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)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga and	pensat om the anizati I relate nizatio	e on ed
(18) PETER MENSCH	1.00												
DIRECTOR	1 00	Х				-		0.		0.			0.
(19) ADRIEN RIOS DIRECTOR	1.00	х						0.		0.			0.
		-											
-													
1h Subtotal							<u> </u>	185,456.		0.	16	5,73	38.
1b Subtotal c Total from continuation sheets to Part V								0.		0.		,,,	0.
d Total (add lines 1b and 1c)								185,456.		0.	16	5,73	
Total number of individuals (including but a compensation from the organization	not limited to th	ose	liste	ed ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable	9		Yes	<u>1</u>
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			•		•				•		3	100	Х
4 For any individual listed on line 1a, is the s	um of reportabl	le co	mpe	ensa	tion	anc	oth	ner compensation from t	he organization				
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." cor					,			3			5		х
Section B. Independent Contractors	ripiete Scrieduli	.	OI SL	<i>ICIT</i>	JEIS	OII							
Complete this table for your five highest co the organization. Report compensation for										oensa	tion fro	m	
(A) Name and business	address	N	ONI	3				(B) Description of s	ervices	C	(C comper		1
-													
·													
2 Total number of independent contractors (including but p	ot lir	nite	d to	thos	عو اند	ted	ahove) who received m	ore than				
\$100,000 of compensation from the organ		J. 111		0)		22373, 1113 10001100 111	5.5 G (G)				

Form 990 (2022) THE SYL
Part VIII Statement of Revenue

			Check if Schedule O conta	aine a reenonee	or note to any lin	e in this Part VIII			
			Officer if Schedule O conta	ans a response	or note to any in	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
ts ts	1	а	Federated campaigns	1a					
a u		b	Membership dues	1b					
॒ ह		С	Fundraising events		685,313.				
r A			Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts					111,593.	-			
Sir			Government grants (contribution	· / 	<u> </u>	-			
er iti	·	T	All other contributions, gifts, grant		702 027				
혈된			similar amounts not included above		783,937.	-			
털		g	Noncash contributions included in lines 1	a-1f 1g \$	41,305.				
<u> ဗ က</u>		h	Total. Add lines 1a-1f			1,580,843.			
					Business Code				
ø	2	а	PROGRAM FEES			188,527.	188,527.		
ķ	_	b				,	,		
šer									
Me S		C							
a Re		d							
Program Service Revenue		е							
Δ.			All other program service rever						
		g	Total. Add lines 2a-2f			188,527.			
	3		Investment income (including	dividends, inter	est, and				
			other similar amounts)			17,653.			17,653.
	4		Income from investment of tax	-exempt bond	oroceeds				
	5		Royalties						
	_			(i) Real	(ii) Personal				
	6	_	Cross rents	(7 : : : : : :	(-)	1			
			Gross rents 6a			-			
			Less: rental expenses 6b			-			
			Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
<u>o</u>			and sales expenses 7b						
Revenue		_	Gain or (loss) 7c						
ě			Net gain or (loss)						
<u>ت</u> ا									
ther	8	а	Gross income from fundraising ev	, ,					
ŏ			including \$ 685,3						
			contributions reported on line	· · · · · · · · · · · · · · · · · · ·					
			Part IV, line 18		120,574.				
		b	Less: direct expenses	8t	120,574.				
		С	Net income or (loss) from fund	raising events		0.			
	9	а	Gross income from gaming ac	tivities. See					
			Part IV, line 19		,				
		h	Less: direct expenses						
			Net income or (loss) from gam		·				
			· · · · · ·	_					
	10	а	Gross sales of inventory, less i						
			and allowances	<u>10</u>	a	-			
		b	Less: cost of goods sold	<u>10</u>	b				
		С	Net income or (loss) from sales	of inventory					
,					Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS R	EVENUE		2,009.			2,009.
ne Tue		b				·			-
e la		c	-						
Sce Be			All other revenue						
Ξ			All other revenue			2,009.			
		e	Total. Add lines 11a-11d				100 527	^	10 662
	12		Total revenue. See instructions			1,789,032.	188,527.	0.	19,662.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 12,381. 12,381. individuals. See Part IV, line 22 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, 216,832. 161,754. 6,066. 49,012. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 712,392. 605,189. 21,664. 85,539. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 164. 36,800. 28,594. 8,042. Other employee benefits 9 80,339. 66,160. 2,320. 11,859. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 69,850. 69,850. Accounting Lobbying 21,352. 21,352. Professional fundraising services. See Part IV, line 17 443. 443. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 8,258. 4,252. 4,006. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 27,106. 21,010. 3,957. 2,139. Office expenses 13 Information technology 14 15 Royalties 14,422. 14,422. 16 Occupancy 16,663. 12,560. 936. 3,167. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 4,425. 3,363. 1,062. Depreciation, depletion, and amortization 22 11,004. 1,246. 9,624. 134. 23 Other expenses. Itemize expenses not covered 24 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.) 91,024. 91,024. PROGRAM SUPPLIES AND EQ BANK, MERCHANT, AND OTH 70,702. 70,702. 16,254. INDIRECT EVENT EXPENSE 16,254. 14,706. 13,169. 1,467. OTHER EXPENSES 9,010. 3.034. 3.334. 2,642. All other expenses 1,433,963. 1,038,158. 195,595. 200,210. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Par	τλ	Balance Sneet					
		Check if Schedule O contains a response or not	te to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			253,688.	1	319,539
	2	Savings and temporary cash investments			195,671.	2	10,165
	3	Pledges and grants receivable, net			36,000.	3	126,000
	4	Accounts receivable, net		13,637.	4	96,834	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	tion 4958(c)(3)(B)		6		
ပ္သ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
¥	9	5			16,862.	9	27,833
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	57,805.			
	b	Less: accumulated depreciation		57,805.	4,425.	10c	0
	11	Investments - publicly traded securities		500,615.	11	763,872	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			0.	15	111,593
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	1,020,898.	16	1,455,836
	17	Accounts payable and accrued expenses			47,446.	17	109,039
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ဖွ	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
ap		controlled entity or family member of any of the	se pers	ons		22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X	40.005		F. 4.60
		of Schedule D			49,005.	25	56,160
	26	<u> </u>			96,451.	26	165,199
,,		Organizations that follow FASB ASC 958, che	ck her	e X			
ğ		and complete lines 27, 28, 32, and 33.			000 055		1 055 635
<u>a</u>	27				903,057.	27	1,055,637
<u> </u>	28	Net assets with donor restrictions			21,390.	28	235,000
Ĭ		Organizations that do not follow FASB ASC 9	58, che	ck here			
<u>×</u>		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds			29		
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		004 445	31	1 200 627	
울	32	Total net assets or fund balances		924,447.	32	1,290,637	
	33	Total liabilities and net assets/fund balances .			1,020,898.	33	1,455,836

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,78	9,0	<u>32.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,43	3,9	<u>63.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		35.	5,0	69.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		92	4,4	<u>47.</u>		
5	Net unrealized gains (losses) on investments	5		11,121			
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,						
	coluṃn (B))	10	1	,29	0,6	37.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X	
					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	Ο.					
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	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	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		Jit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

THE SYLVIA CENTER 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). 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.) 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 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 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(4) 2010	(5) 2010	(0) 2020	(u) 2021	(0) 2022	(i) rotar
	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
0	***						
9	Net income from unrelated business						
	activities, whether or not the						
40	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		>			40	
12	'	•	,			12	
13	First 5 years. If the Form 990 is for the	•		•	•		
Sec	organization, check this box and stop ction C. Computation of Publi		_	•••••			
				acluma (fl)		14	3.0
	Public support percentage for 2022 (I		•	* * * * * * * * * * * * * * * * * * * *		15	<u>%</u> %
	Public support percentage from 2021 33 1/3% support test - 2022. If the control of the control o						
10a	• •	•		•		•	
L	stop here. The organization qualifies		•		Lling 15 in 22 1/20/		
b	33 1/3% support test - 2021. If the condition have						
47-	and stop here. The organization qual	•	• •				
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	•		· ·	
	meets the facts-and-circumstances te	-	-	*		17- and line 45 in	
b	10% -facts-and-circumstances test	ū				,	10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu				• • •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 1/b	o, cneck this box a		(Form 990) 2022

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	ction A. Public Support	elow, please comp	•				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(.,, =	(3) = 2 · 2	(=) ====	(=, ===	(=) ====	(-)
	include any "unusual grants.")	1096313.	1733041.	121,288.	996,636.	1580843.	5528121.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	85,656.	76,829.	45,970.	130,533.	188,527.	527,515.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1181969.	1809870.	167,258.	1127169.	1769370.	6055636.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	166,648.	192,387.	5,000.	128,718.	84,181.	576,934.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		12,975.	15,924.	12,437.		41,336.
c	Add lines 7a and 7b	166,648.	205,362.	20,924.	141,155.	84,181.	618,270.
	Public support. (Subtract line 7c from line 6.)	•	•	·	•		5437366.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	1181969.	1809870.	167,258.	1127169.	1769370.	6055636.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,040.	6,238.	734.	1,627.	17,653.	36,292.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	10,040.	6,238.	734.	1,627.	17,653.	36,292.
11	Net income from unrelated business activities not included on 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.)	110000	2,055.	8,248.	498.	2,009.	12,810.
13	or loss from the sale of capital assets (Explain in Part VI.)	1192009.	1818163.	176,240.	1129294.	1789032.	6104738.
13	or loss from the sale of capital assets (Explain in Part VI.)	ne organization's fir	1818163 • rst, second, third, f	176,240. ourth, or fifth tax y	1129294. rear as a section 50	1789032. 01(c)(3) organizatio	6104738.
13 14	or loss from the sale of capital assets (Explain in Part VI.)	ne organization's fir	1818163 • st, second, third, f	176,240. ourth, or fifth tax y	1129294. rear as a section 50	1789032. 01(c)(3) organizatio	6104738.
13 14 Se c	or loss from the sale of capital assets (Explain in Part VI.)	e organization's fir	1818163. rst, second, third, f	176,240.	1129294 • rear as a section 50	1789032. 01(c)(3) organizatio	6104738.
13 14 Se 0	or loss from the sale of capital assets (Explain in Part VI.)	c Support Per	1818163. est, second, third, for the centage ivided by line 13, continued by line 13, co	176 , 240 • Courth, or fifth tax y	1129294 • rear as a section 50	1789032. 01(c)(3) organizatio	6104738. n, 89.07 %
13 14 Sec 15 16	or loss from the sale of capital assets (Explain in Part VI.)	c Support Per ine 8, column (f), d Schedule A, Part	1818163. est, second, third, for the centage ivided by line 13, coll, line 15	176,240.	1129294 • rear as a section 50	1789032. 01(c)(3) organizatio	6104738.
13 14 Sec 15 16 Sec	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 cotion D. Computation of Investory assets the computation of Investory assets the control of the control	c Support Per ine 8, column (f), d Schedule A, Part stment Income	1818163. est, second, third, f	176 , 240 . Courth, or fifth tax y	1129294 • rear as a section 50	1789032. 01(c)(3) organizatio	89.07 % 86.07 %
13 14 Sec 15 16 Sec 17	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public Public support percentage for 2022 (Inpublic support percentage from 2021 cotion D. Computation of Investment income percentage for 2021 converted to the computation of Investment income percentage for 2021 converted to the converted	c Support Perine 8, column (f), dischedule A, Partitement Income	1818163. est, second, third, for the centage ivided by line 13, colli, line 15 Percentage nn (f), divided by line	176,240. Courth, or fifth tax y	1129294 • rear as a section 50	1789032. D1(c)(3) organizatio	89.07 % 86.07 %
13 14 Sec 15 16 Sec 17 18	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 cotion D. Computation of Investory assets the computation of Investory assets the control of the control	c Support Perine 8, column (f), dischedule A, Partitment Income 122 (line 10c, colum 2021 Schedule A,	1818163. est, second, third, for the centage ivided by line 13, could, line 15 e Percentage nn (f), divided by line Part III, line 17	176,240. Courth, or fifth tax y	1129294 • rear as a section 50	1789032. D1(c)(3) organization 15 16 17	89.07 % 86.07 % .59 % .46 %
13 14 Sec 15 16 Sec 17 18	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here cition C. Computation of Public support percentage for 2022 (Investment income percentage from 201 linestment line	c Support Per ine 8, column (f), d Schedule A, Part trent Income 122 (line 10c, colum 2021 Schedule A, organization did n	st, second, third, for the centage ivided by line 13, colli, line 15 in the percentage in (f), divided by line 17 in the check the box of the check th	ourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line	1129294 • rear as a section 50	1789032. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 17	89.07 % 86.07 % .59 % .46 %
13 14 Sec 15 16 Sec 17 18 19a	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2022 (In Public support percentage from 2021 ction D. Computation of Investment income percentage from 2021 investment income percentage from 2031 (Investment income percentage from 2031) Investment income percentage from 2031 (Investment income percentage from 2031) Investment income percentage from 2031 (Investment income percentage from 2031)	c Support Perine 8, column (f), dischedule A, Part interest Income 122 (line 10c, colum 2021 Schedule A, organization did not stop here. The organization did not stop here in the organ	rst, second, third, for the centage ivided by line 13, constitution of the centage in (f), divided by line 17 of the check the box coorganization qualification of the check a box on the check and th	ourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line ries as a publicly su line 14 or line 19a.	1129294. rear as a section 56 15 is more than 33 upported organizate, and line 16 is more	1789032. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 17 ion re than 33 1/3%, a	89.07 % 86.07 % .59 % .46 % Visinot

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	OI-		
	9b		
	9c		
	10a		
	10b		
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Schedule A (Form 990) 2022

Par	Supporting Organizations (continued)			
	r		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		
	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			
01	detail in Part VI.	11c		
Seci	ion B. Type I Supporting Organizations			
	f		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,	2		
Sect	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations			
	ion or type in eapperaing organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	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		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
C1	supported organizations played in this regard.	3		
Seci	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		No
2	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organization(s) to which the organization was responsive: If Yes, then in Yes, then the 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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	nization (see
	instructions)			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

Scriedule A	(Form 990) 2022 THE STEVIA CENTER 20 4257705 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
-	
-	
-	

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
	166,648.	192,387.	5,000.	128,718.	84,181.
Total to Schedule A, Part III, Line 7a	166,648.	192,387.	5,000.	128,718.	84,181.

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
	0.	12,975.	15,924.	12,437.	0.
Total to Schedule A, Part III, Line 7b		12,975.	15,924.	12,437.	

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

TH	HE SYLVIA CENTER	20-4297703
Organization type (check o	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
General Rule	(), (), - (-) (-)	
denoral full		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fig. 1, line 1. Complete Parts I and II.	d that received from any one
contributor, during literary, or education	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a particle that the theorem is the year, total contributions of more than \$1,000 exclusively for religious, charitable, so conal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (end) instead of the contributor name and address), II, and III.	entific,
year, contributions is checked, enter h purpose. Don't col	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section section section, charitable, etc., purposes, but no such contributions totaled manere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it refer to contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	**

223451 11-15-22

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

THE SYLVIA CENTER

20-4297703

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$39,725.	Person X Payroll

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20-4297703

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 43,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

THE SYLVIA CENTER

20-4297703

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ <u>111,593.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ 17,586.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,633.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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THE SYLVIA CENTER

20-4297703

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
16	FOOD AND BEVERAGE FOR SPECIAL EVENT		
		\$ <u>17,586.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
17	FOOD AND BEVERAGE FOR SPECIAL EVENT		
		\$5,633.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

223453 11-15-22

Name of organization Employer identification number THE SYLVIA CENTER 20-4297703 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22 Schedule B (Form 990) (2022)

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

Employer identification number 20-4297703

Par	t I Organizations Maintaining Donor Advised	Funds or Other Simi	lar Funds or Ac	counts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, line	6.		·		
		(a) Donor advised fu	nds (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 wr	iting that the assets held in	donor advised fund	ls		
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant for	unds can be used o	nly		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any otl	ner purpose conferr	ng		
	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" or	n Form 990, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	`				
	Preservation of land for public use (for example, recreation	on or education)	eservation of a histo	rically important land area		
	Protection of natural habitat	L Pr	eservation of a certi	fied historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution	n in the form of a co			
	day of the tax year.			Held at the End of the Tax Year		
_				2a		
b				2b		
С.	Number of conservation easements on a certified historic structure of the	. ,		2c		
d	Number of conservation easements included in (c) acquired aft					
_				2d		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or termi	nated by the organi	zation during the tax		
	year	area de la casta d				
4	Number of states where property subject to conservation ease		la a a allia a a a f			
5	Does the organization have a written policy regarding the perio		•	Yes No		
6	violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, ha		oforcing conservation			
U	Stan and volunteer riodrs devoted to monitoring, inspecting, in	anding of violations, and er	norching conservatio	n easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforci	na conservation eas	sements during the year		
•	7 thount of expenses mounted in monitoring, inspecting, hardin	ig or violations, and emore	ng conservation cas	ornanta danng tria yadi		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)(B)	ï)		
_	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footno		· ·			
	organization's accounting for conservation easements.	-				
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasu	res, or Other S	imilar Assets.		
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue	statement and bala	nce sheet works		
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or r	esearch in furtheran	ce of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public e	exhibition, education, or res	earch in furtherance	of public service,		
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X			\$		
2	If the organization received or held works of art, historical treas	sures, or other similar assets	s for financial gain, p	provide		
	the following amounts required to be reported under FASB AS	C 958 relating to these item	is:			
а	Revenue included on Form 990, Part VIII, line 1			\$		
<u>b</u>	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions f	or Form 990.		Schedule D (Form 990) 2022		

	t III Organizations Maintaining C	Ollections of Ar	t. Histo	rical Tre	easures, o	r Other			9//03		ige Z
_	<u> </u>								(CONTIN	uea)	
3	Using the organization's acquisition, accession	on, and other records	s, check	ariy or trie	iollowing that	. make siç	Jillicant u	se or its			
	collection items (check all that apply):										
а											
b	Scholarly research	е	• [(Other							
c											
4											
5											
Par	t IV Escrow and Custodial Arrang								_ Yes		No
· ui	reported an amount on Form 990, Par		ete ii trie	organizatio	ni answered	res on	ronn 990,	, rait iv,	iii le 9, oi		
12	Is the organization an agent, trustee, custodia		iany for c	ontribution	e or other see	eate not in	ncluded				
Ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								_ 103		110
	ii res, explain the arrangement iiir art xiii t	and complete the for	nowing to	ibic.					Amount		
С	Beginning balance						1c				
	Additions during the year										
e	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•		_]
Par											
	·	(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Four	years l	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1a.	column (a)) held as:						
а	Board designated or quasi-endowment	•	%	•	,,						
b	Permanent endowment		_								
С		 %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administer	ed for the)		_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	ınds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)	٠,	cumulate reciation	d	(d) Book	value)
1a	Land										
b	Buildings	l l									
С	Leasehold improvements				7,805.		7,80)5.			0.
d	Equipment	l l									
<u>e</u>	Other			5	0,000.		50,00	0.0			0.
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. colum	n (B). line 1	0c.)						0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 THE SYLVIA	CENTER	20	-4297703 Page
Part VII Investments - Other Securities.	on Form 000 Port IV line	11h Coo Form 000 Port V line 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	(b) Dook value	(c) Method of Valdation. Cost of end	-or-year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description	174. 335 (3.117 353, 1 4.17), 1110 13.	(b) Book value
(1) EMPLOYEE RETENTION TAX CR		Æ	111,593
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		111,593.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			

56,160. REFUNDABLE ADVANCES (3) (4) (5) (6) (7) (8) (9) 56,160. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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) 2022

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2022

Open to Public Inspection

THE SYL	VIA CENTER					20-4297	703	
Part I Fundraising Activities. required to complete this par	 Complete if the organization answet. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. I	Form 990-EZ	filers are not	_
Indicate whether the organization rais	sed funds through any of the followin e X Solicitat f X Solicitat g X Special or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-ga gover dising a ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees, or	X Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	itrol of	(iv) Gross receipts from activity	tò (or r fur	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization	-
PASSION FRUIT PARTNERS - 148 DELORAINE AVE, TORONTO,	FUNDRAISING DATABASE CONSULTANT	Yes	No X	0.		14,000.	0.	
DELOGINE IVE, TORONTO,						11,000.		-
								_
								_
					<u> </u>	14,000.		
3 List all states in which the organization or licensing.	n is registered or licensed to solicit c 	contrib	utions	or has been notified	it is exe	empt from rec	jistration 	
								-
								-
								-
								-
								-
		· ·						
								_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

Part II 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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ART OF		•	(add col. (a) through
			COOKING GALA		2	col. (c))
ě			(event type)	(event type)	(total number)	
Revenue			510 072	157 220	127 576	005 007
Вè	י	Gross receipts	510,973.	157,338.	137,576.	805,887.
	2	Less: Contributions	444,810.	111,532.	128,971.	685,313.
	_	2000. 00/1/1/04/10/10				
	3	Gross income (line 1 minus line 2)	66,163.	45,806.	8,605.	120,574.
	4	Cash prizes				
	_					
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	6,000.	7,523.	4,200.	17,723.
xbe	U	Tient tability costs	3,0001	7,3231	1,2000	17,7230
ct E	7	Food and beverages	50,333.	25,363.		75,696.
Dire				-		-
	8	Entertainment				
	9	Other direct expenses	9,830.	12,920.	4,405.	27,155.
						120,574.
Da	11 rt l	Net income summary. Subtract line 10 from li		000 Det N/ Per 40		0.
Га	ונו	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		ψ13,000 0111 01111 000 E2, linie 0a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ă	1	Gross revenue				
S	2	Cash prizes				
Expenses						
Exp	3	Noncash prizes				
Direct	4	Rent/facility costs				
Ę	_	Tiend lability code				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	☐ No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
		Not coming income aummany Culativast line 7	from line 1 column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		ear?	Yes No
b	If "	Yes," explain:				
	_					

Sch	edule G (Form 990) 2022 THE SYLVIA CENTER 20	<u>4297703</u>	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		
40	to administer charitable gaming?	Yes	∟ No
13	Indicate the percentage of gaming activity conducted in:	_{13a}	0.4
	a The organization's facility a An outside facility	13b	<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	/0
•	The the half and address of the person this propares the organization organization of gaming operations and resolution		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
Ł	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of any incompanied		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Mandatory distributions:		
ŧ	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
K	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER:	<u>3 : </u>	
_			
(I) NAME OF FUNDRAISER: PASSION FRUIT PARTNERS		
<u> </u>	,		
<u>(I</u>) ADDRESS OF FUNDRAISER:		
	•		
<u>14</u>	8 DELORAINE AVE, TORONTO, ONTARIO, CANADA M5M2A9		
_			
PΑ	RT I, LINE 2B, COLUMN (V):		
	, , , , , , , , , , , , , , , , , , , ,		
	SSIONFRUIT PARTNERS PROVIDES ASSISTANCE TO NONPROFIT ORGANIZAT:		
HE	LPING THEM WITH THE SALESFORCE PLATFORM. PASSIONFRUIT PARTNER		
2320	83 10-27-22 Sched	dule G (Form	990) 2022

Schedule G (Form 990)

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 Open to Public

Inspection **Employer identification number** Name of the organization 20-4297703 THE SYLVIA CENTER Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

THE SYLVIA CENTER

Schedule I (Form 990) 2022

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

	THE SYLVIA CENTER						20-4297703			
Pai	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	1g	(d) Method of de noncash contribu	etermin	•	s	
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles			00 74						
19	Food inventory	X		29,740) •					
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts			44 56	-					
25	Other (EVENT ITEMS)	X	9	11,565	•					
26	Other ()									
27	Other ()									
28	Other (L		<u> </u>						
29	Number of Forms 8283 received by the organiz									
	for which the organization completed Form 82	83, Part V, L	onee Acknowledg	ement 29				· ·		
20-				antari in Dant I. linaa 4 dan		414:4		Yes	No	
зua	During the year, did the organization receive by		• • • • •		-	tnat it				
	must hold for at least 3 years from the date of						200		Х	
	exempt purposes for the entire holding period'	·					30a			
	If "Yes," describe the arrangement in Part II.	ooliev that re	auiros tha raviou	of any poperandard contri	hutions')	24		Х	
31	Does the organization have a gift acceptance	-	•	•			31		77	
s∠a	Does the organization hire or use third parties		_				200		Х	
L	contributions?						32a		77	
	If "Yes," describe in Part II.	olump (a) fa	r a type of propert	for which column (a) is a	hookod					
33	If the organization didn't report an amount in c	olullili (C) fol	a type of property	nor which column (a) is c	пескеа,					
	describe in Part II.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232142 09-09-22 Schedule M (Form 990) 2022

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.

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

THE SYLVIA CENTER	20-4297703
FORM 990, PART VI, SECTION A, LINE 2:	
LIZBETH NEUMARK AND CHAIM WACHSBERGER HAVE A FAMILY RELATI	ONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR WITH THE CP	A FIRM. THE
EXECUTIVE DIRECTOR PRESENTS THE 990 TO THE BOARD OF DIRECT	ORS FOR APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C:	
OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO ANNU	ALLY SIGN THE
CONFLICT OF INTEREST FORM AND DISCLOSE ANY POTENTIAL CONFL	ICTS IN
ACCORDANCE WITH THE POLICY. ALL POTENTIAL CONFLICTS ARE RE	VIEWED AND
RESOLVED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS RELIED ON THEIR COLLECTIVE EXPERIEN	CE TO DETERMINE
THE EXECUTIVE DIRECTOR'S COMPENSATION. THE BOARD ALSO REVI	EWED NONPROFIT
SALARY SURVEYS AND COMPENSATION REPORTS TO ENSURE THAT THE	EXECUTIVE
DIRECTOR'S COMPENSATION WAS IN LINE WITH OTHER ORGANIZATIO	NS OF THE SAME
SIZE IN A SIMILAR FIELD.	
FORM 990, PART VI, SECTION C, LINE 19:	
NO OTHER DOCUMENTS AVALIABLE TO THE PUBLIC	
FORM 990, PART XII, LINE 2C:	
NO CHANGE FROM PRIOR YEAR.	

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

Schedule O (Form 990) 2022

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print THE SYLVIA CENTER 20-4297703 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2417 3RD AVENUE , 301 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 10451 BRONX, NY Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) BARBARA GLASSMAN The books are in the care of ► 2417 3RD AVENUE - BRONX NY 10451 Telephone No. ▶ (212) 337-6093 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning JUL 1, 2022 $_$, and ending $_$ JUN $\,$ 30 , $\,$ 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)