

Return of Organization Exempt From Income Tax

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization BRONXWORKS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 60 EAST TREMONT AVENUE City or town, state or province, country, and ZIP or foreign postal code BRONX, NY 10453 | D Employer identification number 13-3254484 E Telephone number 646-393-4000 |
| F Name and address of principal officer: EILEEN TORRES SAME AS C ABOVE | | G Gross receipts \$ 107,806,595. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.BRONXWORKS.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1984 M State of legal domicile: NY |

Part I Summary

| | | |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| | 1 Briefly describe the organization's mission or most significant activities: BRONXWORKS, INC. IS A BRONX-BASED NONPROFIT ORGANIZATION WHICH HELPS INDIVIDUALS AND | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| Activities & Governance | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 29 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 29 |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 1338 |
| | 6 Total number of volunteers (estimate if necessary) | 6 326 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 0. |
| | 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b 0. |
| | Revenue | 8 Contributions and grants (Part VIII, line 1h) |
| 9 Program service revenue (Part VIII, line 2g) | | 2,614,858. 2,339,538. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 95,788. 100,169. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 390,994. 1,427,861. |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 94,783,683. 107,735,601. |
| Expenses | | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 56,991,023. 59,606,917. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 635,532. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 31,334,333. 33,837,395. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 94,439,649. 101,117,074. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 344,034. 6,618,527. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 54,602,777. End of Year 54,786,690. |
| | 21 Total liabilities (Part X, line 26) | 40,165,039. 34,839,809. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 14,437,738. 19,946,881. |

Part II Signature Block

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

| | | |
|-------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sign Here | Signature of officer EILEEN TORRES, EXEC. DIR. Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name MAGDALENA CZERNIAWSKI | Preparer's signature MAGDALENA CZERNIAWSKI |
| | Firm's name ▶ CBIZ MARKS PANETH LLC Firm's address ▶ 685 THIRD AVENUE NEW YORK, NY 10017 | Date 04/24/23 Check if self-employed <input type="checkbox"/> PTIN P00535099 Firm's EIN ▶ 87-3707167 Phone no. 212-503-8800 |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: BRONXWORKS HELPS INDIVIDUALS AND FAMILIES IMPROVE THEIR ECONOMIC AND SOCIAL WELL BEING. FROM TODDLERS TO SENIORS, WE FEED, SHELTER, TEACH, AND SUPPORT OUR NEIGHBORS TO BUILD A STRONGER COMMUNITY. BRONXWORKS HAS OPERATIONS AT OVER 50 SITES, SERVING INDIVIDUALS AND FAMILIES. WE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 35,146,347. including grants of \$ 3,085,754.) (Revenue \$ 903,875.) HOMELESS PREVENTION AND RELOCATION SERVICES

STREET HOMELESSNESS IN THE BRONX HAS DECLINED BY 29% BETWEEN 2020 AND 2022 AS A RESULT OF THE EFFORTS OF THE BRONXWORKS HOMELESS PREVENTION AND RELOCATION SERVICES PROGRAMS. BRONXWORKS MADE 80,864 CONTACTS WITH PEOPLE EXPERIENCING STREET HOMELESSNESS ACROSS THE BRONX.

BRONXWORKS JEROME AVENUE MEN'S SHELTER, HOMELESS OUTREACH TEAM, AND SAFE HAVEN PROGRAMS PLACED 241 FORMERLY STREET HOMELESS INDIVIDUALS INTO PERMANENT HOUSING. BRONXWORKS-RUN FAMILY RESIDENCES PLACED 148 FAMILIES INTO PERMANENT HOUSING.

4b (Code:) (Expenses \$ 21,869,514. including grants of \$ 223,925.) (Revenue \$) HOMELESS SHELTERS

THE BRONXWORKS JEROME AVENUE MEN'S SHELTER, HOMELESS OUTREACH TEAM, AND SAFE HAVEN PROGRAMS PROVIDED TEMPORARY SHELTER TO 2,706 PEOPLE. BRONXWORKS-ADMINISTERED FAMILY RESIDENCES PROVIDED TEMPORARY HOUSING AND ON-SITE SOCIAL SERVICES FOR 554 FAMILIES WITH ABOUT 1,400 PERSONS.

4c (Code:) (Expenses \$ 11,042,714. including grants of \$ 512,316.) (Revenue \$ 13,600.) CHILDREN AND YOUTH PROGRAMS

BRONXWORKS' CHILDREN AND YOUTH DEPARTMENT PROGRAMS SERVE YOUNG PEOPLE FROM BIRTH TO THE AGE OF 24, AS WELL AS THEIR PARENTS OR GUARDIANS AND FAMILIES. FOR CHILDREN AGES TWO TO FIVE, PROGRAMS INCLUDE THE HOME INSTRUCTION FOR PARENTS OF PRE-SCHOOL YOUNGSTERS (HIPPI) PROGRAM AND TWO NEIGHBORHOOD-BASED EARLY CHILDHOOD LEARNING CENTERS (ECLCS) FOR PRE-SCHOOL AGED CHILDREN.

FOR YOUNG PEOPLE IN ELEMENTARY AND MIDDLE SCHOOL, PROGRAMS INCLUDE THE COMPASS AND SONYC AFTER-SCHOOL AND SUMMER CAMP PROGRAMS THAT ARE BASED IN SCHOOL OR NEIGHBORHOOD CENTERS AND THE MIDDLE SCHOOL TRANSITIONS

4d Other program services (Describe on Schedule O.) (Expenses \$ 20,122,772. including grants of \$ 3,850,767.) (Revenue \$ 2,716,957.)

4e Total program service expenses 88,181,347.

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 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): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 38 X | |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a 189 | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c X | |

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 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. | | |
| | 1a 29 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 29 | | |
| 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? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

| | | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | X |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | X |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **GORDON MILLER, CFO - 646-393-4000**
60 EAST TREMONT AVENUE, BRONX, NY 10453

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) EILEEN TORRES EXECUTIVE DIRECTOR | 36.70 0.30 | | | X | | | | 258,494. | 0. | 69,292. |
| (2) JOHN WEED ASSISTANT EXECUTIVE DIRECTOR | 35.00 | | | | X | | | 188,067. | 0. | 51,544. |
| (3) SCOTT AUWARTER ASSISTANT EXECUTIVE DIRECTOR | 35.00 | | | | X | | | 201,850. | 0. | 20,407. |
| (4) GORDON MILLER CFO | 36.70 0.30 | | | X | | | | 201,720. | 0. | 19,892. |
| (5) ERICA COLEMAN GENERAL COUNSEL | 35.00 | | | | | X | | 166,464. | 0. | 46,707. |
| (6) GILBERT DOMFEH CONTROLLER (OUTGOING) | 35.00 | | | | | X | | 149,123. | 0. | 39,259. |
| (7) KENNETH SMALL DEVELOPMENT DIR. | 35.00 | | | | | X | | 139,687. | 0. | 37,637. |
| (8) GIANNA DELL'OLIO DIRECTOR OF ADVANCEMENT AND COMMUNIC | 35.00 | | | | | X | | 134,351. | 0. | 14,314. |
| (9) NOEL CONCEPCION DEPARTMENT DIRECTOR | 35.00 | | | | | X | | 136,526. | 0. | 0. |
| (10) ADELE URSONE SECRETARY | 1.00 0.50 | X | | X | | | | 0. | 0. | 0. |
| (11) ANGEL CARDOZA MEMBER | 0.50 | X | | | | | | 0. | 0. | 0. |
| (12) BARRET FELDMAN MEMBER | 0.50 | X | | | | | | 0. | 0. | 0. |
| (13) BRUCE PHILLIPS MEMBER | 0.50 | X | | | | | | 0. | 0. | 0. |
| (14) CHRISTIAN LEE MEMBER | 0.50 | X | | | | | | 0. | 0. | 0. |
| (15) DOUGLAS M. TWEEN MEMBER | 0.50 | X | | | | | | 0. | 0. | 0. |
| (16) EMILY M. MARKS MEMBER | 0.50 0.25 | X | | | | | | 0. | 0. | 0. |
| (17) GULDEN TURKOZ-COSSLETT MEMBER | 0.50 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JANICE K. HART VICE CHAIRPERSON | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (19) JEAN SMITH MEMBER | 0.50 0.25 | X | | | | | | 0. | 0. | 0. |
| (20) JOAN ROSENTHAL TREASURER | 1.00 0.50 | X | | X | | | | 0. | 0. | 0. |
| (21) JOHN GRUDZINA MEMBER | 0.50 | X | | | | | | 0. | 0. | 0. |
| (22) JOSEPH MACALUSO MEMBER | 0.50 | X | | | | | | 0. | 0. | 0. |
| (23) JUAN MALDONADO MEMBER | 0.50 | X | | | | | | 0. | 0. | 0. |
| (24) JULIO REYES MEMBER | 0.50 | X | | | | | | 0. | 0. | 0. |
| (25) KIRA MENDEZ MEMBER | 0.50 | X | | | | | | 0. | 0. | 0. |
| (26) MARC KEMENY MEMBER | 0.50 0.25 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,576,282. | 0. | 299,052. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,576,282. | 0. | 299,052. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **28**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|------------------------------------------------------------------------------|--------------------------------|---------------------|
| A&H SECURITY SERVICES LLC 611 JACKSON AVE, BRONX, NY 10455 | SECURITY | 1,648,662. |
| ELITE INVESTIGATIONS LTD 2001 CENTRAL PARK AVENUE, YONKERS, NY 10710 | SECURITY | 1,467,398. |
| JANIAN MEDICAL CARE P.C., 198 EAST 121 STREET, 5TH FLOOR, NEW YORK, NY 10035 | MEDICAL SERVICES | 245,677. |
| ISE OFFICE PLUS 4422 BRONX BOULEVARD, BRONX, NY 10470 | RETAIL OFFICE EQUIPMENT | 191,984. |
| HUMAN EDGE 30 GLEN ST #401, WHITE PLAINS, NY 10603 | EMPLOYMENT | 143,446. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------|----------------|------------------------------------|----------------------------|----------------------------------------------------|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 378,804. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 96,063,793. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 7,425,436. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 86,208. | | | | |
| | h Total. Add lines 1a-1f | | | 103868033. | | | |
| Program Service Revenue | 2 a PROGRAM SERVICE FEES | Business Code | | | | | |
| | | 721000 | 1,404,636. | 1,404,636. | | | |
| | b MEDICAID | 623000 | 934,902. | 934,902. | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 2,339,538. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 100,169. | | | 100,169. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 97,541. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | 0. | | | | |
| | c Rental income or (loss) | 6c | 97,541. | | | | |
| | d Net rental income or (loss) | | | 97,541. | | 97,541. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | |
| d Net gain or (loss) | | | | | | | |
| 8 a Gross income from fundraising events (not including \$ 378,804. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 106,420. | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | 70,994. | | | | | |
| c Net income or (loss) from fundraising events | | | 35,426. | | 35,426. | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a MISCELLANEOUS | Business Code | | | | | |
| | | 900099 | 700,533. | 700,533. | | | |
| | b BUILDING RESERVE | 900099 | 500,000. | 500,000. | | | |
| | c DEVELOPER FEE | 900099 | 76,200. | 76,200. | | | |
| | d All other revenue | 900099 | 18,161. | 18,161. | | | |
| e Total. Add lines 11a-11d | | | 1,294,894. | | | | |
| 12 Total revenue. See instructions | | | 107735601. | 3,634,432. | 0. | 233,136. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 7,672,762. | 7,672,762. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,042,646. | 167,167. | 875,479. | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 47,581,671. | 40,988,698. | 6,202,678. | 390,295. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,836,008. | 1,658,135. | 161,464. | 16,409. |
| 9 Other employee benefits | 3,924,668. | 3,472,504. | 418,096. | 34,068. |
| 10 Payroll taxes | 5,221,924. | 4,564,153. | 612,997. | 44,774. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 7,576. | 5,228. | 1,962. | 386. |
| c Accounting | 140,548. | 96,987. | 36,402. | 7,159. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 38,797. | | 38,797. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 7,079,442. | 6,100,814. | 852,678. | 125,950. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 2,810,477. | 1,817,427. | 979,627. | 13,423. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 13,814,685. | 13,693,695. | 120,990. | |
| 17 Travel | 171,443. | 93,162. | 78,267. | 14. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 65,660. | | 65,660. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 251,202. | | 251,202. | |
| 23 Insurance | 1,715,135. | 1,573,610. | 141,525. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a REPAIRS AND MAINTENANCE | 3,622,048. | 3,393,294. | 228,754. | |
| b FOOD | 1,462,145. | 1,435,021. | 27,124. | |
| c BAD DEBT EXPENSES | 928,367. | | 928,367. | |
| d EQUIPMENT/RENTAL/FURNIT | 586,572. | 556,678. | 29,119. | 775. |
| e All other expenses | 1,143,298. | 892,012. | 249,007. | 2,279. |
| 25 Total functional expenses. Add lines 1 through 24e | 101,117,074. | 88,181,347. | 12,300,195. | 635,532. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 5,761,899. | 1 | 722,440. |
| | 2 Savings and temporary cash investments | 213,538. | 2 | 496,514. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 42,114,033. | 4 | 44,970,219. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 134,146. | 9 | 319,397. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 5,782,723. | | |
| | b Less: accumulated depreciation | 10b 3,687,178. | | |
| | 11 Investments - publicly traded securities | 2,346,747. | 10c | 2,095,545. |
| | 12 Investments - other securities. See Part IV, line 11 | 3,725,538. | 11 | 5,464,183. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 306,876. | 14 | 718,392. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 54,602,777. | 15 | 54,786,690. | |
| 17 Accounts payable and accrued expenses | 13,897,323. | 16 | 14,901,357. | |
| 18 Grants payable | | 17 | | |
| 19 Deferred revenue | 14,986,063. | 18 | 19,052,519. | |
| 20 Tax-exempt bond liabilities | | 19 | | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | | |
| 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 21 | | |
| 23 Secured mortgages and notes payable to unrelated third parties | 2,506,940. | 22 | | |
| 24 Unsecured notes and loans payable to unrelated third parties | 7,938,700. | 23 | | |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 836,013. | 24 | 885,933. | |
| 26 Total liabilities. Add lines 17 through 25 | 40,165,039. | 25 | 34,839,809. | |
| 27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | 26 | | |
| 27 Net assets without donor restrictions | 12,497,980. | 27 | 17,651,627. | |
| 28 Net assets with donor restrictions | 1,939,758. | 28 | 2,295,254. | |
| 29 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| 29 Capital stock or trust principal, or current funds | | 29 | | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | | |
| 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| 32 Total net assets or fund balances | 14,437,738. | 32 | 19,946,881. | |
| 33 Total liabilities and net assets/fund balances | 54,602,777. | 33 | 54,786,690. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|----------------------------------------------------------------------------------------------------------------|----|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 107,735,601. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 101,117,074. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 6,618,527. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 14,437,738. |
| 5 | Net unrealized gains (losses) on investments | 5 | -1,109,384. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 19,946,881. |

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|----|-----|----|
| | | |
| 2a | | X |
| | | |
| 2b | X | |
| | | |
| 2c | X | |
| | | |
| 3a | X | |
| | | |
| 3b | X | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 58512798. | 71654624. | 81489658. | 91682043. | 103868033 | 407207156 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 58512798. | 71654624. | 81489658. | 91682043. | 103868033 | 407207156 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 407207156 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 58512798. | 71654624. | 81489658. | 91682043. | 103868033 | 407207156 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 75,074. | 137,232. | 176,311. | 345,141. | 197,710. | 931,468. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 273,022. | 379,492. | 626,603. | 154,141. | 1401314. | 2834572. |
| 11 Total support. Add lines 7 through 10 | | | | | | 410973196 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 13,596,947. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------|---|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.08 | % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 99.26 | % |
| 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | ▶ <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | ▶ <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | ▶ <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | ▶ <input type="checkbox"/> | | |

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| 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? <i>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.</i> | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| 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 | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 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 | |

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

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

| Section D - Distributions | | Current Year |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

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, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING INCOME

2017 AMOUNT: \$ 64,890.

2018 AMOUNT: \$ 91,965.

2019 AMOUNT: \$ 8,393.

2020 AMOUNT: \$ 11,200.

2021 AMOUNT: \$ 106,420.

MISCELLANEOUS

2017 AMOUNT: \$ 208,132.

2018 AMOUNT: \$ 287,527.

2019 AMOUNT: \$ 618,210.

2020 AMOUNT: \$ 142,941.

2021 AMOUNT: \$ 700,533.

SPACE USAGE REVENUE

2021 AMOUNT: \$ 18,161.

DEVELOPER FEE

2021 AMOUNT: \$ 76,200.

BUILDING RESERVE

2021 AMOUNT: \$ 500,000.

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

2021

Open to Public Inspection

Name of the organization BRONXWORKS, INC. Employer identification number 13-3254484

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1a Land | | 190,000. | | 190,000. |
| b Buildings | | | | |
| c Leasehold improvements | | 5,552,701. | 3,648,042. | 1,904,659. |
| d Equipment | | 40,022. | 39,136. | 886. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 2,095,545. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (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.

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

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 | |
| (2) DEFERRED RENT | 885,933. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 885,933. |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|------------------------------------------------------------------------------------------------|-----------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 110,640,491. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -1,109,384. |
| b | Donated services and use of facilities | 2b | 195,444. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 3,786,633. |
| e | Add lines 2a through 2d | 2e | 2,872,693. |
| 3 | Subtract line 2e from line 1 | 3 | 107,767,798. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 38,797. |
| b | Other (Describe in Part XIII.) | 4b | -70,994. |
| c | Add lines 4a and 4b | 4c | -32,197. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 107,735,601. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|-------------------------------------------------------------------------------------------------|-----------|--------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 105,084,497. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 195,444. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 3,810,776. |
| e | Add lines 2a through 2d | 2e | 4,006,220. |
| 3 | Subtract line 2e from line 1 | 3 | 101,078,277. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 38,797. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 38,797. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 101,117,074. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2022 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, "INCOME TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---------------------------------------|------------|
| RELATED ENTITIES' REVENUE | 3,969,115. |
| CONSOLIDATING ELIMINATIONS | -182,482. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 3,786,633. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

SPECIAL EVENT DIRECT EXPENSES -70,994.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITIES' EXPENSES 3,922,264.

RELATED ENTITIES CONSOLIDATING ELIMINATIONS -182,482.

SPECIAL EVENT DIRECT EXPENSES 70,994.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 3,810,776.

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.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------|--------------|------------------------|--------------------------------------------------------|
| | | BUILDING BETTER FUTUR (event type) | (event type) | NONE (total number) | |
| Revenue | 1 Gross receipts | 485,224. | | | 485,224. |
| | 2 Less: Contributions | 378,804. | | | 378,804. |
| | 3 Gross income (line 1 minus line 2) | 106,420. | | | 106,420. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 14,011. | | | 14,011. |
| | 7 Food and beverages | 39,370. | | | 39,370. |
| | 8 Entertainment | 11,393. | | | 11,393. |
| | 9 Other direct expenses | 6,220. | | | 6,220. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 70,994. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 35,426. | |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**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

2021

**Open to Public
Inspection**

Name of the organization **BRONXWORKS, INC.** Employer identification number **13-3254484**

Part I General Information on Grants and Assistance

- 1** 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 criteria used to award the grants or assistance? **Yes** **No**
- 2** 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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------|----------------|----------------------------------------|---------------------------------|-----------------------------------------|--------------------------------------------------------------|----------------------------------------------|-------------------------------------------|
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

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

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

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|------------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|
| CLIENT TRAVEL | 11713 | 119,144. | 0. | | |
| CLIENT SUPPLIES | 710 | 371,744. | 0. | | |
| CLIENT TRIPS/ADMISSIONS | 118 | 213,933. | 0. | | |
| MRT CLIENT RENT ASSISTANCE | 269 | 1,770,152. | 0. | | |
| CLIENT SERVICES & OTHER ASSISTANCE | 9483 | 2,808,973. | 0. | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

FORM 990, SCHEDULE I, PART III;

BRONXWORKS MAINTAINS A SET OF BOOKS ON A COMPUTERIZED SYSTEM, INTACCT,

TO TRACK ALL THE ACTIVITIES AND REPORTS TO ITS FUNDERS. BRONXWORKS

ASSIGNS SEPARATE COST CENTERS USING INTACCT FOR EVERY GOVERNMENT GRANT

THAT IS RECEIVED AND THE REVENUE, EXPENSES, AND DISTRIBUTIONS OR

PAYMENTS ARE TRACKED THROUGH THESE COST CENTERS. THE PROGRAM STAFF

WORKS WITH THE SAME SYSTEM. THESE FUNDS ARE PERIODICALLY AUDITED BY THE

FUNDERS INDEPENDENT ACCOUNTING FIRM AS PART OF THE COMPLIANCE AUDITS.

THEREFORE, THE ORGANIZATION ENSURES THAT THE FUNDS ARE SPENT AS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

BRONXWORKS, INC.

Employer identification number

13-3254484

Part I Questions Regarding Compensation

| | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | |
| 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2021

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|----------------------------------------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) EILEEN TORRES EXECUTIVE DIRECTOR | (i) | 258,080. | 0. | 414. | 27,963. | 41,329. | 327,786. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) JOHN WEED ASSISTANT EXECUTIVE DIRECTOR | (i) | 186,780. | 0. | 1,287. | 19,822. | 31,722. | 239,611. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) SCOTT AUWARTER ASSISTANT EXECUTIVE DIRECTOR | (i) | 200,512. | 0. | 1,338. | 20,401. | 6. | 222,257. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) GORDON MILLER CFO | (i) | 201,514. | 0. | 206. | 8,529. | 11,363. | 221,612. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) ERICA COLEMAN GENERAL COUNSEL | (i) | 166,282. | 0. | 182. | 7,643. | 39,064. | 213,171. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) GILBERT DOMFEH CONTROLLER (OUTGOING) | (i) | 147,318. | 0. | 1,805. | 9,973. | 29,286. | 188,382. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) KENNETH SMALL DEVELOPMENT DIR. | (i) | 138,783. | 0. | 904. | 15,570. | 22,067. | 177,324. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization **BRONXWORKS, INC.** Employer identification number **13-3254484**

Part 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 determining noncash contribution amounts |
|--------------------------------------------------------------|----------------------------|-----------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 79,988. | FMV |
| 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 | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (SILENT AUCTION) | X | 18 | 6,220. | FMV |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF ITEMS DONATED.

**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.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

BRONXWORKS, INC.

Employer identification number

13-3254484

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILIES IMPROVE THEIR ECONOMIC AND SOCIAL WELL-BEING. FROM TODDLERS TO
SENIORS, BRONXWORKS FEEDS, SHELTERS, TEACHES, AND SUPPORTS ITS
NEIGHBORS TO BUILD STRONGER COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HAVE MAINTAINED STEADY GROWTH SINCE 1972 AND ARE ONE OF THE PREMIER
NONPROFITS IN NEW YORK CITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TWO BRONXWORKS' FAMILY RESIDENCES WERE SELECTED AS THE SHELTER
PROVIDERS FOR THE NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES' MOMS
(MENTAL OUTREACH FOR MOTHERS) PARTNERSHIP PILOT. BETWEEN BOTH SITES, 75
MOTHERS WERE ENROLLED IN AND COMPLETED MOM STRESS MANAGEMENT COURSE,
AND EIGHT-WEEK EVIDENCE-BASED GROUP MENTAL HEALTH INTERVENTION FOR
FEMALE IDENTIFYING CAREGIVERS LIVING IN SHELTER.

THE HOMEBASE PROGRAM SERVED OVER 3,600 HOUSEHOLDS WITH ABOUT 7,200
INDIVIDUALS. 95% OF THE INDIVIDUALS HAVE SUCCESSFULLY REMAINED IN THEIR
HOMES OR FOUND ANOTHER STABLE PLACE TO LIVE.

THE EMERGENCY NEEDS FOR THE HOMELESS PROGRAM HELPED 169 HOUSEHOLDS
REMAIN STABLE WHILE THE RAPID RE-HOUSING PROGRAM ASSISTED 393 PEOPLE.

THE HUD SCATTER SITE PROGRAM SERVED 58 PEOPLE WHILE THE HOMELESSNESS
PREVENTION AND RELOCATION SUPPORT SERVICES PROGRAM HELPED 71

Name of the organization

BRONXWORKS, INC.

Employer identification number

13-3254484

HOUSEHOLDS. THE LEGAL PROGRAM HELPED ANOTHER 184 PEOPLE MAINTAIN STABLE HOUSING.

BRONXWORKS' EMERGENCY RENTAL ASSISTANCE PROGRAM PROCESSED 1,213 CASES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

INITIATIVE (MSTI) FOR YOUNG PEOPLE MOVING FROM MIDDLE SCHOOL TO HIGH

SCHOOL. OLDER YOUTH ARE SERVED BY THE CENTER FOR ACHIEVING FUTURE

EDUCATION (CAF) COLLEGE READINESS PROGRAM, THE SUMMER YOUTH EMPLOYMENT

PROGRAM (SYEP) FOR YOUTH AGES 14 TO 24, AND AN EDUCATIONAL SUPPORT

PROGRAM FOR YOUTH WHO ATTEND SELECTED BRONX-BASED HIGH SCHOOLS.

BRONXWORKS PROVIDES A RANGE OF ACADEMIC ENRICHMENT AND OTHER SERVICES

TO YOUNG PEOPLE AT THE JILL CHAIFETZ TRANSFER SCHOOL (JCTS). OUR

ORGANIZATION SERVES AS THE LEAD COMMUNITY-BASED ORGANIZATION FOR THE

COMMUNITY SCHOOLS PROGRAMS FOR JCTS AND THE TWO MIDDLE SCHOOLS THAT

COMPRISE THE WEBSTER CAMPUS, IS 313 AND IS 339.

CORNERSTONE COMMUNITY CENTERS BASED IN OR NEAR PUBLIC HOUSING COMPLEXES

SERVED SCHOOL-AGED YOUTH AND THEIR PARENTS OR GUARDIANS. IN FY 2022,

BRONXWORKS WAS THE LEAD ORGANIZATION FOR FOUR CORNERSTONES.

IN FY 2022, HIPPY SERVED 44 PARENTS WITH 51 CHILDREN. THE TWO ECLCS

ENROLLED A COMBINED TOTAL OF 95 PRE-SCHOOL CHILDREN. COMPASS PROGRAMS

ENROLLED 407 CHILDREN, WHILE SONYC SERVICES ENGAGED 223. MSTI SERVED

509 YOUTH AND 113 CAREGIVERS, WHILE CAF SERVED 826 YOUTH.

THERE WERE 1,300 YOUNG PEOPLE ENROLLED IN SYEP IN FY 2022. WHILE

EDUCATIONAL SUPPORT PROGRAMS BASED AT TWO HIGH SCHOOLS AND THE

Name of the organization

BRONXWORKS, INC.

Employer identification number

13-3254484

BRONXWORKS CAROLYN MCLAUGHLIN COMMUNITY CENTER SERVED 88 YOUTH. THERE WERE 225 JCTS STUDENTS WHO RECEIVED SERVICES, WHILE 1,100 YOUNG PEOPLE PARTICIPATED IN CORNERSTONE ACTIVITIES. OUR COMMUNITY SCHOOLS PROGRAMS, WHICH FOCUSED ON ATTENDANCE IMPROVEMENT, ENGAGED 750 YOUNG PEOPLE AND MANY OF THEIR CAREGIVERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS

BRONXWORKS' COMMUNITY PROGRAMS

BRONXWORKS' COMMUNITY PROGRAMS EFFORTS INCLUDED TO HEALTH INSURANCE ENROLLMENT AND NAVIGATION SERVICES, PROTECTIVE AND CRIME VICTIM SERVICES FOR ADULTS, EMERGENCY FOOD ASSISTANCE, BENEFITS AND ENTITLEMENTS ASSISTANCE, AND IMMIGRATION OR FAMILY SUPPORT SERVICES. THESE PROGRAMS REACHED RESIDENTS FROM THROUGHOUT THE BRONX.

THE HEALTH INSURANCE ENROLLMENT AND NAVIGATION SERVICES ENGAGED 5,129 PEOPLE. THEY ENROLLED 5,096 PEOPLE WITHOUT INSURANCE INTO A HEALTH PLAN.

THE ADULT PROTECTIVE SERVICES (APS) PROGRAM ENGAGED 329 PEOPLE. CRIME VICTIM ASSISTANCE WAS OFFERED TO 165 PEOPLE.

BRONXWORKS FOOD PANTRIES ON AVERAGE SERVED HOUSEHOLDS WITH A TOTAL OF ABOUT 4,600 PERSONS A MONTH. THE PANTRIES PROVIDED ABOUT 29,000 BAGS OF FOOD THAT HAD A TOTAL WEIGHT OF ABOUT 439,000 POUNDS. THE ESTIMATED VALUE OF THE FOOD BAGS WAS ABOUT \$1,170,500. THE FOOD BAGS ENABLED

| | |
|----------------------------------------------|----------------------------------------------|
| Name of the organization BRONXWORKS, INC. | Employer identification number 13-3254484 |
|----------------------------------------------|----------------------------------------------|

HOUSEHOLDS TO PREPARE ABOUT 364,300 MEALS.

THE BRONXWORKS WALK-IN OFFICES AND ACCESS TO BENEFITS PROGRAM OFFERED BENEFITS AND ENTITLEMENTS ASSISTANCE TO 1,578 PEOPLE, PROVIDING 1,498 CONSULTATIONS THAT LED TO THE ACQUISITION OF PUBLIC BENEFITS WORTH \$1,299,621. BRONXWORKS ENROLLED 278 HOUSEHOLDS FOR SNAP (FOOD STAMP) BENEFITS WITH AN ANNUAL VALUE OF \$76,262, WHILE SELECTED SITES SERVED 16,939 MEALS TO BRONX RESIDENTS, INCLUDING SENIORS, CHILDREN, YOUNG ADULTS, AND PEOPLE WITH CHRONIC HEALTH CONDITIONS.

BRONXWORKS' IMMIGRATION SERVICES HELPED 321 NEW AMERICANS FROM 73 COUNTRIES RETAIN LEGAL RESIDENCY STATUS OR BECOME CITIZENS. OUR ORGANIZATION PROVIDED IMMIGRATION ASSISTANCE TO 1,371 PEOPLE WHO SOUGHT HELP APPLICATIONS FOR CITIZENSHIP, MAINTENANCE OF LEGAL RESIDENCY STATUS, ESOL, AND CIVIC CLASSES. THERE WERE 229 IMMIGRANT-LED HOUSEHOLDS THAT RECEIVED HELP FROM THE EXCLUDED WORKERS PROGRAM, WHICH ASSISTED IMMIGRANT FAMILIES IMPACTED BY THE COVID PANDEMIC WHO WERE NOT ELIGIBLE FOR UNEMPLOYMENT OR OTHER SAFETY NET BENEFITS.

THE BRONXWORKS FAMILY ENRICHMENT PROGRAM SERVED 112 FAMILIES WITH 312 CHILDREN THROUGH IN-PERSON VISITS TO ASSESS CHILD SAFETY AND RISK FACTORS.

HEALTH PROGRAMS

THE BRONXWORKS YOUTH FOOD JUSTICE CORPS PROGRAM ENGAGED 28 YOUNG PEOPLE TO BUILD PARTICIPANT AWARENESS AND KNOWLEDGE OF HEALTHY FOOD ACCESS AND HEALTHY EATING IN THE SOUTH BRONX.

| | |
|----------------------------------------------|----------------------------------------------|
| Name of the organization BRONXWORKS, INC. | Employer identification number 13-3254484 |
|----------------------------------------------|----------------------------------------------|

SNAP EDUCATION AND OBESITY PREVENTION INITIATIVE CONDUCTED 411

NUTRITION EDUCATION WORKSHOPS WITH ADULTS, OLDER ADULTS, AND YOUTH
(6-14 YEARS OLD), ENGAGING 4,344 PARTICIPANTS.

CASE MANAGEMENT HEALTH EDUCATION PROGRAM PROVIDED CASE MANAGEMENT AND
HEALTH EDUCATION SERVICES TO HIV-POSITIVE INDIVIDUALS WITH AN
UNSUPPRESSED VIRAL LOAD AND ARE NOT CONNECTED TO SERVICES OR STOPPED
ACCESSING SERVICES. STAFF HAD 2,038 ENCOUNTERS WITH ENROLLEES, LEADING
TO THE PROVISION OF 2,119 TYPES OF SERVICE.

TARGETED PREVENTION AND SUPPORTIVE SERVICES AND COMMUNITIES OF COLOR
PROGRAMS PROVIDED 141 HEPATITIS C AND 171 HIV TESTS IN THE COMMUNITIES
OF THE BRONX.

THE COMPREHENSIVE ADOLESCENT PREGNANCY PREVENTION (CAPP) PROGRAM
PROVIDED SEXUAL RISK EDUCATION TO 171 PARTICIPANTS.

CARE COORDINATION PROGRAM ENROLLED 328 PEOPLE INCLUDING 100 VIA
OUTREACH. A TOTAL OF 550 PATIENT CARE VISITS WERE MADE, WHILE 340
IN-PATIENT ADMISSIONS WERE FACILITATED.

COMMUNITY HEALTH ADVOCATE AND HEALTH LITERACY PROGRAMS ENGAGED OVER 306
PEOPLE.

SERVICES FOR THE ELDERLY

BRONXWORKS ENROLLED 2,645 PEOPLE IN FOUR OLDER ADULT CENTERS AND SOCIAL

Name of the organization

BRONXWORKS, INC.

Employer identification number

13-3254484

CLUB FOR OLDER ADULTS.

SOCIAL SERVICES WERE PROVIDED FOR 190 SENIORS AT THE NATURALLY OCCURRING RETIREMENT COMMUNITIES AT RIVER PARK TOWERS AND WOODSTOCK TERRACE. SPECIALIZED SOCIAL SERVICES WERE PROVIDED TO 1,073 SENIORS, INCLUDING HOUSING ASSISTANCE OR HOME IMPROVEMENT, GERIATRIC MENTAL HEALTH, HOMELESSNESS PREVENTION, AND ELDER ABUSE.

SUPPORTIVE HOUSING

SUPPORTIVE HOUSING SERVICES WERE PROVIDED TO 87 HOUSEHOLDS, WHICH INCLUDED 230 FORMERLY HOMELESS INDIVIDUALS AND FAMILIES, AT COOPER GARDENS IN BRONX COMMUNITY DISTRICT (CD) 6, 72 FORMERLY HOMELESS INDIVIDUALS AT PARK HAVEN IN BRONX CD 1, AND 199 FORMERLY LONG-TERM HOMELESS PEOPLE WITH SERIOUS AND PERSISTENT MENTAL ILLNESS AT THE BROOK IN BRONX CD 1.

BRONXWORKS IS THE SOCIAL SERVICES PROVIDER FOR THE BROOK AND COOPER GARDENS, WHERE SUPPORTIVE HOUSING SERVICES ARE PROVIDED FOR 432 PREVIOUSLY HOMELESS INDIVIDUALS.

WORKFORCE DEVELOPMENT

TARGETED WORKFORCE DEVELOPMENT SERVICES WERE PROVIDED TO 2,969 PEOPLE WHO LIVED IN PUBLIC HOUSING. SECTION 8 SUPPORT RECIPIENTS, TOTALING 434, RECEIVED WORKFORCE DEVELOPMENT ASSISTANCE INCLUDING EMPLOYMENT READINESS, SKILLS TRAINING, FINANCIAL LITERACY, MONEY MANAGEMENT COUNSELING, AND PLACEMENT HELP.

Name of the organization

BRONXWORKS, INC.

Employer identification number

13-3254484

WORKFORCE ASSISTANCE WAS PROVIDED TO 304 YOUTH INCLUDING MANY WHO WERE PREVIOUSLY DISCONNECTED FROM EDUCATION, SKILLS TRAINING, OR EMPLOYMENT OPPORTUNITIES.

FREE INCOME TAX PREPARATION AND FINANCIAL LITERACY SERVICES WERE PROVIDED TO 6,674 PEOPLE, ENABLING THEM TO SECURE \$9,819,496 IN REFUNDS INCLUDING \$2,691,062 VIA THE CHILD TAX CREDIT (CTC) AND \$2,441,922 VIA THE EARNED INCOME TAX CREDIT (EITC).

EXPENSES \$ 20,122,772. INCL GRANTS OF \$ 3,850,767. REVENUE \$ 2,716,957.

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

AFTER THE ANNUAL RETURN HAS BEEN PREPARED BY AN INDEPENDENT ACCOUNTANT AND REVIEWED BY MANAGEMENT, THE ANNUAL RETURN IS PRESENTED AT THE NEXT FINANCE AND AUDIT COMMITTEE MEETING. THE FINANCE AND AUDIT COMMITTEE REVIEWS THE ANNUAL AND THEN MAKES A MOTION TO ADOPT IT.

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

THE BOARD OF DIRECTORS ANNUALLY DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST. BOARD MEMBERS AND SENIOR STAFF BOTH SUBMIT CONFLICT OF INTEREST DISCLOSURE FORMS. BOARD MEMBERS AND SENIOR STAFF DO NOT PARTICIPATE IN OR VOTE ON ANY MATTER WHERE THEY MAY HAVE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE SALARY FOR THE EXECUTIVE DIRECTOR IS SET AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BRONXWORKS BOARD OF DIRECTORS. COMPENSATION IS DETERMINED BY REVIEWING SALARY SURVEYS CREATED BY HUMAN RESOURCE EXPERTS IN THE NONPROFIT COMPENSATION FIELD, THE REVIEW OF PUBLISHED COMPENSATION DATA FOR

Name of the organization

BRONXWORKS, INC.

Employer identification number

13-3254484

SIMILARLY SIZED SETTLEMENT HOUSES, AND THE REVIEW OF COMPENSATION DATA FROM CITY, STATE, OR FEDERAL GOVERNMENT AGENCIES, E.G., THE ANNUAL EMPLOYMENT AND EARNINGS REPORT OF THE BUREAU OF LABOR STATISTICS OF THE US DEPARTMENT OF LABOR. SALARIES ARE REVIEWED BY THE BOARD'S EXECUTIVE COMMITTEE AND WERE LAST REVIEWED IN NOVEMBER, 2019.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **BRONXWORKS, INC.** Employer identification number **13-3254484**

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------|----------------------------------------------------|----|
| | | | | | | Yes | No |
| CITIZENS ADVICE BUREAU PROPERTY HOLDING COMPANY - 20-5487472, 60 EAST TREMONT, BRONX, NY 10453 | TITLE HOLDING PROPERTY COMPANY | NEW YORK | 501(C)(2) | | BRONXWORKS, INC | X | |
| BRONX POINT HDPC - 85-1232958 60 EAST TREMONT BRONX, NY 10453 | TITLE HOLDING PROPERTY COMPANY | NEW YORK | 501(C)(4) | | BRONXWORKS, INC | X | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|-------------------------------------------------------|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | X | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1) CITIZENS ADVICE BUREAU PROPERTY HOLDING COMPANY | K | 182,482. | FMV |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

