

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 2016, and ending

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 THE CRENUATED COMPANY, LTD. 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018		D Employer identification number 14-1719016	
				E Telephone number 212-265-6530	
				G Gross receipts \$ 16,863,421.	
		F Name and address of principal officer: ALEXA SEWELL SAME AS C ABOVE		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)	
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		H(c) Group exemption number ▶			
J Website: ▶ N/A					
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: 1989		M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a).....	9	
	4	Number of independent voting members of the governing body (Part VI, line 1b).....	2	
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a).....	360	
	6	Total number of volunteers (estimate if necessary).....	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12.....	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34.....	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h).....	Prior Year 4,376,287.	Current Year 6,042,290.
	9	Program service revenue (Part VIII, line 2g).....	10,320,246.	5,093,590.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	6,126.	81,070,953.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	84,236.	-79,904,499.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	14,786,895.	12,302,334.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	247,457.	210,384.
	14	Benefits paid to or for members (Part IX, column (A), line 4).....		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	7,040,875.	6,220,259.
	16a	Professional fundraising fees (Part IX, column (A), line 11e).....	75,890.	45,860.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 45,860.		
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	7,431,810.	4,456,836.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	14,796,032.	10,933,339.
	19	Revenue less expenses. Subtract line 18 from line 12.....	-9,137.	1,368,995.
	20	Total assets (Part X, line 16).....	Beginning of Current Year 7,884,836.	End of Year 87,657,028.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26).....	1,826,655.	80,172,291.
	22	Net assets or fund balances. Subtract line 21 from line 20.....	6,058,181.	7,484,737.

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		Date 11/14/17	
	ALEXA SEWELL		VICE PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	STUART KOCH	STUART KOCH		P01231447
	Firm's name ▶ BERDON LLP			
	Firm's address ▶ 360 MADISON AVE NEW YORK, NY 10017	Firm's EIN ▶ 13-0485070	Phone no. 2128320400	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 11/16/16

Form 990 (2016)

Form **8868**

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No. 1545-1709

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.		Employer identification number (EIN) or
	THE CRENULATED COMPANY, LTD.		14-1719016
	Number, street, and room or suite number. If a P.O. box, see instructions.		Social security number (SSN)
	247 W. 37TH STREET, 4TH FLOOR		
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	NEW YORK, NY 10018		

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► ALEXA SWELL

Telephone No. ► 212-265-6530

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box. ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ► ☐. If it is for part of the group, check this box. ... ► ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 20 17, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 16 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III. ☒ X

- 1 Briefly describe the organization's mission:

SEE SCHEDULE O

- 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 ☒ 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
- ☐
- No

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

SEE 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 \$ 6,581,062. including grants of \$) (Revenue \$ 107,692.)

COMMUNITY SERVICES & EDUCATIONAL PROGRAMS: THE CRENUATED COMPANY, LTD. SERVES THE COMMUNITY WITH PROGRAMS LIKE THE COLLEGE ACCESS CENTER AND THE PARENTS ACTION COMMITTEE, WHICH PROVIDE IMPORTANT RESOURCES TO THE NEIGHBORHOOD'S YOUTH AND FAMILIES. THE CRENUATED COMPANY, LTD. COLLABORATES CLOSELY WITH A WIDE RANGE OF EDUCATIONAL INSTITUTIONS, HOUSING AND COMMUNITY DEVELOPMENT ORGANIZATIONS, BUSINESSES, YOUTH DEVELOPMENT AND SOCIAL SERVICE AGENCIES -IN THE NEIGHBORHOOD, BRONX-WIDE, ACROSS NYC AND STATE, AND NATIONALLY.

4b (Code:) (Expenses \$ 3,689,148. including grants of \$) (Revenue \$ 4,985,898.)

HOUSING SERVICES: THE CRENUATED COMPANY, LTD., IN THE MOUNT EDEN SECTION OF THE BRONX, WAS ESTABLISHED IN 1989. THE COMPANY PURCHASED AND RENOVATED 14 BUILDINGS, CONTAINING 895 UNITS, FOR THE PURPOSE OF OPERATING THEM AS LOW AND MODERATE INCOME HOUSING AND HOUSING FOR THE HOMELESS. THE COMBINATION OF SCALE AND FAVORABLE FINANCING TRANSFORMED ONE OF THE WORST AREAS OF NEW YORK CITY INTO A VIBRANT MIXED-INCOME NEIGHBORHOOD. IN JUNE 2016, THE COMPANY CEASED OWNERSHIP OF ITS AFFORDABLE HOUSING REAL ESTATE PROPERTIES AFTER IT TRANSFERRED THEM TO RELATED TAX EXEMPT ENTITIES. SEE SCHEDULE N. THE ORGANIZATION WILL CONTINUE TO PROVIDE SUPPORT FOR AFFORDABLE HOUSING PROJECTS, OWNED AND OPERATED BY ITS RELATED ENTITIES.

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

- 4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 10,270,210.

ON	9
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Form 990 (2016)	TEEA0103L 1/16/16	BAA
1	X	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.
2	X	2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
3	X	3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.
4	X	4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.
5	X	5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.
6	X	6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.
7	X	7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.
8	X	8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.
9	X	9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.
10	X	10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.
11	X	11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. g Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.
12a	X	12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.
12b	X	12b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.
13	X	13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.
14a	X	14a Did the organization maintain an office, employees, or agents outside of the United States?
14b	X	14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.
15	X	15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.
16	X	16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.
17	X	17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).
18	X	18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.
19	X	19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.

Part IV Checklist of Required Schedules (continued)

Form 990 (2016) THE CRENUATED COMPANY, LTD.

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20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	X	No
20b	Did the organization attach a copy of its audited financial statements to this return?		Yes
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 17? If "Yes," complete Schedule I, Parts I and II.	X	
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 27? If "Yes," complete Schedule I, Parts I and II.	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	X	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	X	
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	X	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. d The organization received more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a 30		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		X
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2 a 360		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
b If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b		
c Enter the amount of reserves on hand	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b		

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 in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ X**Section A. Governing Body and Management**

	1 a	9	Yes	No
1 a 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 in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent.	1 b	2		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ... SEE SCHEDULE O		2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 Did the organization have members or stockholders?		6		X
7 a 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?		7 a		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?		7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8 a	X	
b Each committee with authority to act on behalf of the governing body?		8 b	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 in Schedule O.		9		X

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

	Yes	No
10 a 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?		
11 a 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 in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a 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 in Schedule O how this was done ... SEE SCHEDULE O	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		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a 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?		X

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 (or 1024 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 in Schedule O)

19 Describe in 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. **SEE SCHEDULE O**

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
ALEXA SWELL 247 W. 37TH STREET, 4TH FLOOR NEW YORK NY 10018 212-265-6530

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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 organiza- tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE H. LINDGREN PRESIDENT/CHAIR	0.5 0.25	X		X				0.	0.	0.
(2) ALEXA SEWELL VICE PRESIDENT	0.5 35	X		X				0.	245,665.	39,311.
(3) FRANCES LEVENSON, ESQ. SEC.-TREASURER	0.5 0.25	X		X				0.	0.	0.
(4) CAROL LAMBERG DIRECTOR	0.5 0	X						0.	0.	0.
(5) SUSAN COLE DIRECTOR	0.5 0	X						0.	0.	0.
(6) TIMOTHY G. ROGERS DIRECTOR	0.5 0.25	X						0.	0.	0.
(7) JEROME DEUTSCH DIRECTOR	0.5 0.25	X						0.	0.	0.
(8) CHARLES S. WARREN, ESQ. DIRECTOR	0.5 0.25	X						0.	0.	0.
(9) RACHEL GROSSMAN DIRECTOR	0.5 0.25	X						0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

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

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

1 b Sub-total 0. 245,665. 39,311.

c Total from continuation sheets to Part VII, Section A 0. 0. 0.

d Total (add lines 1b and 1c) 0. 245,665. 39,311.

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

	Yes	No
3 Did the organization list any former officer, director, or 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
GRENADIER REALTY CORP. 1230 PENNSYLVANIA AVENUE BROOKLYN, NY 11367	RENTAL MANAGEMENT	259,789.
SONTAG & HYMAN 69 ROSLYN ROAD ROSLYN HEIGHTS, NY 11577	LEGAL SERVICE	133,273.
ALLIED SECURITY P.O. BOX 828854 PHILADELPHIA, PA 19182	SECURITY SERVICE	254,657.

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 ▶ 3

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a					
	b Membership dues	1 b 532,287.					
	c Fundraising events	1 c					
	d Related organizations	1 d 215,037.					
	e Government grants (contributions)	1 e 2,201,381.					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 3,093,585.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		6,042,290.				
Program Service Revenue	Business Code						
	2 a RENTS	531110	4,881,838.	4,881,838.			
	b MISCELL. PROGRAM REVENUE	900099	129,252.	129,252.			
	c COMMUNITY SERVICE PROGRAM	900099	48,000.	48,000.			
	d LAUNDRY FEES	900099	34,500.	34,500.			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		5,093,590.				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		1,132,040.	1,127,844.		4,196.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	(i) Real (ii) Personal						
	6 a Gross rents	34,414.					
	b Less: rental expenses						
	c Rental income or (loss)	34,414.					
	d Net rental income or (loss)		34,414.			34,414.	
	(i) Securities (ii) Other						
	7 a Gross amount from sales of assets other than inventory	84500000.					
	b Less: cost or other basis and sales expenses	4,561,087.					
	c Gain or (loss)	79938913.					
	d Net gain or (loss)		79,938,913.	79,938,913.			
	8 a Gross income from fundraising events (not including: \$ of contributions reported on line 1c). See Part IV, line 18.		a				
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19.		a				
	b Less: direct expenses	b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue Business Code							
11 a DEF. GAIN-INSTALLMENT SALE	531110	-79938913.	-79938913.				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		-79938913.					
12 Total revenue. See instructions		12,302,334.	6,221,434.	0.	38,610.		

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.	51,475.	51,475.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	158,909.	158,909.		
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	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	4,818,720.	4,631,470.	187,250.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	100,821.	87,390.	13,431.	
9 Other employee benefits	911,856.	827,567.	84,289.	
10 Payroll taxes	388,862.	371,363.	17,499.	
11 Fees for services (non-employees):				
a Management	257,951.	257,951.		
b Legal	189,972.	160,731.	29,241.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17.	45,860.			45,860.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	227,079.	227,079.		
12 Advertising and promotion	33,356.	33,356.		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	299,633.	299,633.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	108,119.	106,369.	1,750.	
19 Conferences, conventions, and meetings	42,592.	42,484.	108.	
20 Interest	6,888.	6,888.		
21 Payments to affiliates	210,100.		210,100.	
22 Depreciation, depletion, and amortization	124,138.	124,138.		
23 Insurance	276,556.	276,556.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES	585,895.	585,895.		
b WATER AND SEWER	461,425.	461,425.		
c REPAIRS AND MAINTENANCE	432,227.	432,227.		
d SUPPLIES	385,728.	352,845.	32,883.	
e All other expenses	815,177.	774,459.	40,718.	
25 Total functional expenses. Add lines 1 through 24e.	10,933,339.	10,270,210.	617,269.	45,860.
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 SheetCheck 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.....	333,199.	1	465,210.
	2 Savings and temporary cash investments.....	8,128.	2	
	3 Pledges and grants receivable, net.....	37,826.	3	162,050.
	4 Accounts receivable, net.....	641,818.	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		6	
	7 Notes and loans receivable, net.....		7	62,658,000.
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	539,134.	9	42,815.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a		
	b Less: accumulated depreciation.....	10b		
	11 Investments — publicly traded securities.....	4,313,249.	10c	
	12 Investments — other securities. See Part IV, line 11.....	1,274,985.	11	
	13 Investments — program-related. See Part IV, line 11.....		12	
	14 Intangible assets.....		13	
	15 Other assets. See Part IV, line 11.....	736,497.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34).....	7,884,836.	15	24,328,953.	
Liabilities	17 Accounts payable and accrued expenses.....	7,884,836.	16	87,657,028.
	18 Grants payable.....	607,340.	17	11,414.
	19 Deferred revenue.....		18	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		21	
	23 Secured mortgages and notes payable to unrelated third parties.....	631,002.	22	
	24 Unsecured notes and loans payable to unrelated third parties.....		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.....	588,313.	24	
	26 Total liabilities. Add lines 17 through 25.....	1,826,655.	25	80,160,877.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	80,172,291.
	27 Unrestricted net assets.....	5,599,301.	27	7,484,737.
	28 Temporarily restricted net assets.....	458,880.	28	
	29 Permanently restricted net assets.....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
33 Total net assets or fund balances	6,058,181.	33	7,484,737.	
34 Total liabilities and net assets/fund balances	7,884,836.	34	87,657,028.	

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Form 990 (2016)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒ [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,302,334.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,933,339.
3	Revenue less expenses. Subtract line 2 from line 1.	3	1,368,995.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,058,181.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	9	57,561.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,484,737.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☒ [X]

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
2c	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 in Schedule O. SEE SCHEDULE O	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

THE CRENUATED COMPANY, LTD.

Employer identification number

14-1719016

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

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

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

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

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
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...						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2016. 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 type="checkbox"/>
b 33-1/3% support test—2015. 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—2016. 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—2015. 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"/>

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Schedule A (Form 990 or 990-EZ) 2016

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,286,579.	3,627,517.	4,002,970.	4,376,287.	6,042,290.	23,335,643.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,154,977.	9,651,986.	9,967,799.	10320246.	5,093,590.	44,188,598.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	14441556.	13279503.	13970769.	14696533.	11135880.	67,524,241.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						67,524,241.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	14441556.	13279503.	13970769.	14696533.	11135880.	67,524,241.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	152,908.	134,755.	132,666.	90,362.	81105367.	81,616,058.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	152,908.	134,755.	132,666.	90,362.	81105367.	81,616,058.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI.					-79938913.	-79938913.
13 Total support. (Add lines 9, 10c, 11, and 12.)	14594464.	13414258.	14103435.	14786895.	12302334.	69,201,386.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	97.58 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	99.25 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	100.00 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.75 %

- 19a 33-1/3% support tests—2016. 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—2015. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

2 Activities Test. Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

	Yes	No
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
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).		

BAA

Schedule A (Form 990 or 990-EZ) 2016

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

BAA

Schedule A (Form 990 or 990-EZ) 2016

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.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2016	2015	2014	2013	2012
DEFERRED INSTALLMENT GAIN					
	\$-79938913.				
TOTAL	<u>\$-79938913.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

THE CRENULED COMPANY, LTD.

Employer identification number

14-1719016

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

THE CRENUATED COMPANY, LTD.

14-1719016

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GODDARD RIVERSIDE COMMUNITY CENTER 593 COLUMBUS AVENUE NEW YORK, NY 10024	\$ 22,855.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROBIN HOOD FOUNDATION 826 BROADWAY NEW YORK, NY 10003	\$ 1,030,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE NY YANKEE STADIUM COMMUNITY 199 LINCOLN AVENUE APT 313 BRONX, NY 10454	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NYC DEPT OF YOUTH & COMMUNITY DEVE. 156 WILLIAM ST. 6TH FLOOR NEW YORK, NY 10038	\$ 1,457,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NYS DEPT. OF HEALTH CACFP 150 BROADWAY FL. 6 WEST ALBANY, NY 12204	\$ 39,742.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	EDWARD W. HAZEN FOUNDATION 90 BROAD STREET, SUITE 604 NEW YORK, NY 10004	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE CRENUATED COMPANY, LTD.

14-1719016

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NYS OFFICE OF CHILDREN & FAMILY SE 52 WASHINGTON STREET RENSSELAER, NY 12144	\$ 268,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NYS HIGHER EDUCATION SERVICES CORP 99 WASHINGTON AVE ALBANY, NY 12255	\$ 93,555.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	NYC DEPT OF HPD 100 GOLD STREET NEW YORK, NY 10038	\$ 255,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CAPITAL ONE FOUNDATION 1680 CAPITAL ONE DRIVE MCLEAN, VA 22102	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THE NEW YORK COMMUNITY TRUST 909 THIRD AVENUE NEW YORK, NY 10022	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	GOOD SHEPHERD SERVICES 305 SEVENTH AVE, 9TH FLOOR NEW YORK, NY 10001	\$ 20,714.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE CRENUATED COMPANY, LTD.

14-1719016

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	HELMSLEY CHARITABLE TRUST 230 PARK AVE NEW YORK, NY 10169	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	PATRINA FOUNDATION 2 WALL STREET, 4 FLOOR NEW YORK, NY 10005	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	BRONX OPPORTUNITY NETWORK 555 BERGEN AVE BRONX, NY 10455	\$ 7,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	SIMON BOLIVAR FOUNDATION (CITGO) P.O. BOX 4689 HOUSTON, TX 77210	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	CON EDISON P.O. BOX 138 NEW YORK, NY 10276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	LOCAL INITIATIVES SUPPORT CORP 501 FASHION AVE NEW YORK, NY 10018	\$ 95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE CRENULATED COMPANY, LTD.

14-1719016

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	WASHINGTON SQUARE FUND PO BOX 7938 NEW YORK, NY 10150	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	THE M&T CHARITABLE FOUNDATION 350 PARK AVENUE, 6TH FLOOR NEW YORK, NY 10022	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	NORTH STAR FUND 520 8TH AVE #2203 NEW YORK, NY 10018	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	SETTLEMENT HOUSING FUND 247 W 37 ST. NEW YORK, NY 10018	\$ 145,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	NYC DOE 52 CHAMBERS STREET NEW YORK, NY 10007	\$ 86,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	NEW YORK FOUNDATION 10 EAST 34TH STREET, 10TH FL NEW YORK, NY 10016	\$ 145,770.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE CRENUATED COMPANY, LTD.

14-1719016

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MERTZ GILMORE FOUNDATION 218 E 18TH STREET NEW YORK, NY 10003	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	SCHERMAN FOUNDATION 16 EAST 52ND STREET, #601 NEW YORK, NY 10022	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	NEW SETTLEMENT COMMUNITY CENTER 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10008	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	BRONX COUNCIL ON THE ARTS 1738 HONE AVENUE BRONX, NY 10461	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	GREAT NY LECET 266 WEST 37 STREET NEW YORK, NY 10018	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	GOBIOFF FOUNDATION 701 S. HOWARD AVE. #106-259 TAMPA, FL 33606	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE CRENUATED COMPANY, LTD.

Employer identification number

14-1719016

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	URBAN JUSTICE CENTER 40 RECTOR STREET, 9TH FLOOR NEW YORK, NY 10006	\$ 54,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	RAZOO FOUNDATION 1725 DUKE ST, STE 675 ALEXANDRIA, VA 22314	\$ 26,253.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN ST BROOKLYN, NY 11237	\$ 92,007.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	LEVITT FOUNDATION 45 ROCKEFELLER PLAZA #20 NEW YORK, NY 10111	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038	\$ 98,253.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	HAGEDORN FUND 225 BRYANT AVENUE ROSELYN, NY 11576	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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THE CRENUATED COMPANY, LTD.

14-1719016

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	TIGER FOUNDATION 101 PARK AVENUE NEW YORK, NY 10178	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	CHANGE CAPITAL FUND 205 EAST 42 STREET NEW YORK, NY 10017	\$ 226,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	NEW VENTURE FUND 1201 CONNECTICUT AVE NW #300 WASHINGTON, DC 20036	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	DISTRACTED GLOBE FOUNDATION 1375 BROADWAY NEW YORK, NY 10018	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	ANHD 50 BROAD STREET, SUITE 1402 NEW YORK, NY 10004-2699	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	SHERRY N COURTNEY 1036 ALDEN WAY LEBANON, PA 17042-9237	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE CRENULED COMPANY, LTD.

Employer identification number

14-1719016

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	NATIONAL COLLEGE ACCESS NETWORK 1001 CONNECTICUT AVE NW #300 WASHINGTON, DC 20036	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	DAPHNE FOUNDATION 25 E 21ST STREET NEW YORK, NY 10010	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	NYC CENTRAL LABOR COUNCIL 275 7TH AVE NEW YORK, NY 10001	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	SANTANDER BANK 475 WASHINGTON BLVD JERSEY CITY, NJ 07310	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	LEGAL SERVICES NYC 40 WORTH STREET, SUITE 606 NEW YORK, NY 10013	\$ 98,212.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	ABBOTT HOUSE 100 N. BROADWAY IRVINGTON, NY 10533	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE CRENUATED COMPANY, LTD.

14-1719016

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	EXPANDED SCHOOLS 1440 BROADWAY #1600 NEW YORK, NY 10018	\$ 161,712.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE CRENUATED COMPANY, LTD.

14-1719016

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

THE CRENUATED COMPANY, LTD.

Employer identification number

14-1719016

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Employer identification number

THE CRENULATED COMPANY, LTD.

14-1719016

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

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 are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a 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
1 a 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 Temporarily restricted endowment %

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

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

(i) unrelated organizations.....

(ii) related organizations.....

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?.....

	Yes	No
3a(i)		
3a(ii)		
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
1 a Land.....				
b Buildings.....				
c Leasehold improvements.....				
d Equipment.....				
e Other.....				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

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Schedule D (Form 990) 2016

Part VII Investments – Other Securities.

N/A

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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (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) DUE FROM AFFILIATE	4,921,550.
(2) INTEREST RECEIVABLE	1,127,844.
(3) LIQUIDITY RESERVE	18,279,559.
(4) TENANT SECURITY DEPOSIT	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	24,328,953.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED GAIN ON INSTALLMENT SALE	80,160,877.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	80,160,877.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. SEE 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	7,216,985.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,216,985.
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	
b	Other (Describe in Part XIII.) SEE PART XIII	4b	5,085,349.
c	Add lines 4a and 4b	4c	5,085,349.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,302,334.

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	6,626,922.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,626,922.
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	
b	Other (Describe in Part XIII.) SEE PART XIII	4b	4,306,417.
c	Add lines 4a and 4b	4c	4,306,417.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,933,339.

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 - FIN 48 FOOTNOTE

SETTLEMENT HOUSING FUND, INC., SEMIPERM HDFC, NEWSET II HDFC, SHUHAB HDFC, NEW HULL STREET HDFC, NSCCC, 287 HDFC, THE CRENUATED COMPANY, LTD., THE ST. JOHN'S PLACE FAMILY CENTER HDFC, THE ST JOHN'S PLACE FAMILY CENTER DAY CARE CORP. AND 301 HDFC ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE SUBSIDIARIES OF SETTLEMENT HOUSING FUND, INC. ARE TREATED AS PARTNERSHIPS AND

CORPORATIONS FOR TAX PURPOSES. PARTNERSHIP TAXABLE INCOME OR LOSS PASSES THROUGH TO,

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Schedule D (Form 990) 2016

Part XIII Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

AND IS REPORTABLE BY, THE PARTNERS, INDIVIDUALLY. THE CORPORATIONS HAVE NET OPERATING LOSSES THAT ARE CARRIED FORWARD FOR FUTURE OFFSETTING AGAINST TAXABLE INCOME. THESE LOSSES HAVE A 20-YEAR LIFE AND EXPIRE IF UNUSED. LOSSES CARRIED FORWARD SHOULD BE COMPUTED AS ASSETS USING THE APPLICABLE TAX RATE AND REPORTED ON THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION, SUBJECT TO VALUATION ALLOWANCE. IN THE CASE OF THE WHOLLY-OWNED SUBSIDIARIES, IT IS MORE LIKELY THAN NOT THAT THE RESPECTIVE ASSET WILL NEVER BE REALIZED AS THE POSSIBILITY OF NET INCOME OR GAIN IS UNLIKELY FOR THESE CORPORATIONS. THEREFORE, NO ASSET HAS BEEN RECOGNIZED IN THIS FINANCIAL REPORT AS THE VALUATION ALLOWANCE WOULD EQUAL 100% OF THE ASSET VALUE. MANAGEMENT HAS DETERMINED THAT SETTLEMENT HOUSING FUND, INC. AND ITS AFFILIATED ENTITIES HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. SHF AND ITS AFFILIATES ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATION BY THE FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2013.

SCHEDULE D, PART XI, LINE 4B**OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

DISCONTINUED OPERATIONS - RE OPERATIONS.....	\$	169,097.
DISCONTINUED OPERATIONS- COMMERCIAL RENT.....		34,414.
DISCONTINUED OPERATIONS-RESIDENTIAL RENT.....		4,881,838.
TOTAL	\$	<u>5,085,349.</u>

SCHEDULE D, PART XII, LINE 4B**OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

DEPRECIATION-BOOK TO TAX DIFFERENCE.....	\$	57,561.
DISCONTINUED OPERATIONS- GEN AND ADMIN.....		617,269.
DISCONTINUED OPERATIONS HOUSING SERVICES.....		3,631,587.
TOTAL	\$	<u>4,306,417.</u>

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public Inspection**

Name of the organization

THE CRENULATED COMPANY, LTD.

Employer identification number

14-1719016

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitationsb ☐ Internet and email solicitationsc ☐ Phone solicitationsd ☐ In-person solicitationse ☒ Solicitation of non-government grantsf ☒ Solicitation of government grantsg ☐ Special fundraising events2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 WRIGHT GROUP NY 151 WEST 30 ST NEW YORK NY 10001	COUNSELING		X	250,000.	37,500.	212,500.
2 JANET GREENBERG PO BOX 72587 QUEENS NY 11372	CONSULTING		X	65,000.	8,360.	56,640.
3						
4						
5						
6						
7						
8						
9						
10						
Total▶				315,000.	45,860.	269,140.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NY

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
	(event type)	(event type)	NONE (total number)	(add column (a) through column (c))
REVENUE				
1 Gross receipts.....				
2 Less: Contributions				
3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)				

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 column (a) through column (c))
REVENUE				
1 Gross revenue				
DIRECT EXPENSES				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % 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: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

PART I, LINE 2B - FUNDRAISER ADDITIONAL INFORMATION
JANET GREENBERG IS THE FUND RAISING PROFESSIONAL

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

THE CRENUATED COMPANY, LTD.

Employer identification number

14-1719016

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. **SEE PART IV**

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ANHD 50 BROAD STREET, SUITE 1402 NEW YORK, NY 10004	13-2775999	501C(3)	15,950.	0.			PROGRAM ASSISTANCE
(2) ALVIN AILEY DANCE FOUNDATION 405 WEST 55 STREET NEW YORK, NY 10019	13-2584273	501C(3)	29,275.	0.			PROGRAM ASSISTANCE
(3) FOODCORPS INC 1201 BROADWAY NEW YORK, NY 10001	27-3990987	501C(3)	6,250.	0.			PROGRAM ASSISTANCE
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. **3**
- 3 Enter total number of other organizations listed in the line 1 table. **0**

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SOCIAL SERVICE - BRONX HELPERS	10	4,552.			
2 SOCIAL SERVICE - COMMUNITY CENTER	13	6,535.			
3 SOCIAL SERVICE - COLLEGE ACCESS	22	5,950.			
4 SOCIAL SERVICE - SSC	4	2,103.			
5 SOCIAL SERVICE - PROJECT VIP	5	3,185.			
6 SOCIAL SERVICE - GIRLS PROGRAM	1	9,320.			
7 SOCIAL SERVICE - YAOI	139	100,225.			

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

THE COMPANY AND ITS BOARD ENSURE THAT ALL GRANTS ARE ISSUED TO AND PROPERLY APPLIED BY THE UNRELATED PARTIES. IT MONITORS THE USE OF THOSE FUNDS THROUGH ITS INTERNAL ACCOUNTING CONTROL SYSTEM AND THROUGH PERIODIC REPORTS MADE TO THOSE CHARGED WITH GOVERNANCE. THE COMPANY AND ITS BOARD REVIEW ALL GRANTS AND ENSURE THAT THE RECIPIENTS ARE APPROVED TAX EXEMPT ORGNIZATIONS.

[illegible]

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

THE CRENUATED COMPANY, LTD.

Employer identification number

14-1719016

Part I Questions Regarding Compensation

1 a 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <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.

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 in line 1a?

3 Indicate which, if any, of the following the filing 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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

PART II

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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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.

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.

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1 b

2

3

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

X

X

X

X

X

X

X

X

X

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 are not 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 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				
ALEXA SEWELL	(i)	0.	0.	0.	0.	0.	0.
1 VICE PRESIDENT	(ii)	245,665.	0.	0.	39,311.	284,976.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

TEEA4102L 08/19/16

Schedule J (Form 990) 2016

BAA

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3 - METHODS USED BY RELATED ORG. TO ESTABLISH CEO/EXEC. DIR. COMPENSATION

COMPENSATION PAID TO ALEXA SEWELL IS DETERMINED AND APPROVED BY THE BOARD OF

DIRECTORS OF SETTLEMENT HOUSING FUND, INC., THE TAX-EXEMPT PARENT ENTITY THAT

CONTROLS THE ORGANIZATION.

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CRENULATED COMPANY, LTD.

14-1719016

14-1719016

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered 'Yes' on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

[illegible]

2 Did or will any officer, director, trustee, or key employee of the organization:

Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?:

c Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?.....

e. If the organization answered 'Yes' to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶

BAA For Paperwork Reduction Act Notice: see the Instructions for Form 990 or Form 990-EZ.

TEEA4701L 08/15/16

Schedule N (Form 990 or 990-EZ) (2016)

Part III Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

	Yes	No
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If 'No,' describe in Part III.	3	
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a	
b If 'Yes,' did the organization provide such notice?	4b	
5 Did the organization discharge or pay all of its liabilities in accordance with state laws?	5	
6a Did the organization have any tax-exempt bonds outstanding during the year?	6a	
b If 'Yes' to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b	

c If 'Yes,' on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If 'No' on line 6b, explain in Part III.

Part III Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered 'Yes' on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	LAND	6/28/16	5,300,000	FMV	PART III	PART III VARIOUS NEW YORK, NY 10018	VARIOUS
	BUILDINGS	6/28/16	79,200,000	FMV	PART III	PART III VARIOUS NEW YORK, NY 10018	VARIOUS

2 Did or will any officer, director, trustee, or key employee of the organization:

	Yes	No
2a Become a director or trustee of a successor or transferee organization?		X
2b Become an employee of, or independent contractor for, a successor or transferee organization?		X
2c Become a direct or indirect owner of a successor or transferee organization?	X	
2d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		X

- a Become a director or trustee of a successor or transferee organization? 2a
- b Become an employee of, or independent contractor for, a successor or transferee organization? 2b
- c Become a direct or indirect owner of a successor or transferee organization? 2c
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? 2d
- e If the organization answered 'Yes' to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ► SEE PART III

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART II, LINE 2E - NAME AND EXPLANATION FOR INVOLVEMENT IN SUCESSOR

THE ORGANIZATION TRANSFERRED THE PROPERTIES TO NSA 2015 HDFC (EIN 47-5605519, AN ENTITY CONTROLLED BY ITS SOLE MEMBER, SETTLEMENT HOUSING FUND, INC. (HEREINAFTER SHF)), A NEW YORK-NOT-PROFIT CORPORATION FORMED UNDER ARTICLE XI OF THE NEW YORK STATE PRIVATE HOUSING FINANCE LAW AND THE BUSINESS CORPORATION LAW, AS A REAL ESTATE TITLE HOLDING COMPANY WHICH IN TURN SIMULTANEOUS TRANSFERRED THE PROPERTY TO A LIMITED LIABILITY COMPANY FILING AS A TAX PARTNERSHIP, NSA 2015 OWNER LLC, (TRANSFEEE, EIN 81-0859460) THE MEMBERS OF WHICH ARE THE FOLLOWING:

PURSUANT TO SUBCHAPTER K OF THE INTERNAL REVENUE CODE, THE MANAGING MEMBER, NSA 2015 MM LLC (EIN 38-3985769), [THE MEMBERS OF WHICH ARE NSA 2015 LLC (EIN 47-5198095) AND NSA 2015 HDFC, WHICH IS CONTROLLED BY SETTLEMENT HOUSING FUND, INC., (EIN 23-7078882), THE SOLE MEMBER OF THE HDFC, WHICH ALSO CONTROLS THE ORGANIZATION (THE CRENULED COMPANY, LTD.) THROUGH COMMON BOARD. THE ORGANIZATION RECEIVED THE FOLLOWING FROM THE TRANSFEEE:

1. A SELLER'S NOTE RECEIVABLE OF \$61,765,000.
2. INTEREST AT 3.6% FOR THE NOTE PER ANNUM AND MATURES IN OCTOBER 2048.
3. A LOAN RECEIVABLE FROM SHF OF \$3,887,127, AND
4. A LIQUIDITY RESERVE OF \$18,279,559

PART III - ADDITIONAL INFORMATION

IN JUNE 2016, THE COMPANY SOLD ITS REAL ESTATE ASSETS, INCLUDING LAND AND 14 BUILDINGS TO NSA 2015 HDFC AND NSA 2015 OWNER LLC, WHO WILL CONTINUE TO OWN, MAINTAIN, MANAGE AND OPERATE THOSE RESIDENTIAL BUILDINGS TO PROVIDE AFFORDABLE HOUSING. THIS IS A CONTINUATION OF THE AFFORDABLE RESIDENTIAL HOUSING PROJECTS THROUGH RELATED NONPROFIT TAX EXEMPT CONTROLLED CORPORATIONS AND A PARTNERSHIP, NSA 2015 OWNER LLC, IN WHICH ITS MANAGING MEMBER, NSA 2015 MM LLC, WAS CONTROLLED BY SETTLEMENT HOUSING FUND INC., WHICH ALSO CONTROLS THE COMPANY THROUGH COMMON BOARD.

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART III - ADDITIONAL INFORMATION (CONTINUED)

THE ORGANIZATION CONTINUES TO PROVIDE COMMUNITY SERVICE PROGRAMS.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2016

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Name of the organization

THE CRENULED COMPANY, LTD.

Employer identification number

14-1719016

FORM 990 PAGE 9 PART VIII LINE 1B

THE ORGANIZATION RECEIVED \$532,287 FOR MEMBERSHIP DUES AND CLASS ENROLLMENT FEES
TENDERED BY PATRONS WHO USED THE COMMUNITY CENTER OWNED BY NEW SETTLEMENT COMMUNITY
CAMPUS CORP., AN AFFILIATED RELATED PARTY TAX-EXEMPT ORGANIZATION.

FORM 990 PAGE 6 PART VI SECTION A LINE 4

BOARD OF DIRECTORS WILL DISCUSS THE NEED FOR ANY CHANGES TO GOVERNANCE DOCUMENTS
WITH OUTSIDE LEGAL COUNSEL.

FORM 990 PAGE 9 PART VIII LINE 7D

THE ORGANIZATION DID NOT RECEIVE ANY CASH ON THE DISPOSITION OF ITS ASSETS TO THE
RELATED PARTY EXEMPT ORGANIZATIONS AND ACCORDINGLY, UNDER THE INSTALLMENT METHOD OF
ACCOUNTING THE GAIN IS DEFERRED FOR TAX PURPOSES. SEE SCHEDULE N.

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE CRENULED COMPANY LTD. PROVIDES AFFORDABLE HOUSING FOR LOW AND MODERATE INCOME
FAMILIES AND INDIVIDUALS INCLUDING THOSE WHO ARE FORMERLY HOMELESS. IT ALSO PROVIDES
VARIOUS SOCIAL SERVICE PROGRAMS AND OTHER COMMUNITY PROGRAMS THROUGH ITS AFFILIATED
ORGANIZATION THAT OWNS A COMMUNITY CENTER. AFTER DISPOSING OF OF ITS AFFORDABLE
HOUSING PROJECTS TO RELATED ENTITIES DURING THE CALENDAR YEAR 2016, IT WILL CONTINUE
ITS MISSION TO PROVIDE SUPPORT TO RELATED ENTITIES THAT OPERATE AND MANAGE AFFORDABLE
HOUSING FOR LOW AND MODERATE INCOME FAMILIES. SEE SCHEDULE O.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE CRENULED COMPANY PROVIDES AFFORDABLE HOUSING FOR LOW AND MODERATE INCOME
FAMILIES AND INDIVIDUALS INCLUDING THOSE WHO ARE FORMERLY HOMELESS. IN ADDITION, THE
ORGANIZATION OFFERS TO ITS RESIDENTS AND TO THE LARGER COMMUNITY, OPPORTUNITIES FOR
ORGANIZED CIVIC ENGAGEMENT, ADULT EDUCATION CLASSES AND A WIDE RANGE OF YOUTH
DEVELOPMENT PROGRAMS FOCUSED ON EDUCATIONAL ACHIEVEMENT, COMMUNITY SERVICE,
LEADERSHIP DEVELOPMENT, RECREATIONAL OUTDOOR ADVENTURES AND THE ARTS THROUGH A

Name of the organization	Employer identification number
THE CRENUATED COMPANY, LTD.	14-1719016

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

RELATED ENTITY THAT OWNS A COMMUNITY CENTER IN THE BRONX, NEW YORK. IN JUNE 2016, THE COMPANY CEASED OWNERSHIP OF ITS AFFORDABLE HOUSING REAL ESTATE PROPERTIES AFTER IT TRANSFERRED THEM TO RELATED TAX EXEMPT ENTITIES. SEE SCHEDULE N. THE ORGANIZATION WILL CONTINUE TO PROVIDE SUPPORT FOR AFFORDABLE HOUSING PROJECTS, OWNED AND OPERATED BY ITS RELATED ENTITIES.

FORM 990, PART III, LINE 3 - CEASED CONDUCTING OR SIGNIFICANT CHANGES TO SERVICES

IN JUNE 2016, THE COMPANY CEASED OWNERSHIP OF ITS AFFORDABLE HOUSING REAL ESTATE PROPERTIES AFTER IT TRANSFERRED THEM TO RELATED TAX EXEMPT ENTITIES. SEE SCHEDULE N. THE ORGANIZATION WILL CONTINUE TO PROVIDE SUPPORT FOR AFFORDABLE HOUSING PROJECTS, OWNED AND OPERATED BY ITS RELATED ENTITIES.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

BOARD SECRETARY/TREASURER FRANCES LEVENSON, ESQ. IS THE MOTHER OF LEE WARSHAVSKY, WHO IS THE OFFICER AND GENERAL COUNSEL OF SETTLEMENT HOUSING FUND INC. (SHF) SHF CONTROLS THE COMPANY THROUGH COMMON BOARD MEMBERS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD OF DIRECTORS HOLDS AN ANNUAL MEETING IN WHICH THE OUTSIDE AUDITORS CONDUCT A PRESENTATION AND EXPLANATION OF THE CERTIFIED AUDITED FINANCIAL STATEMENTS AND THE ANNUAL TAX RETURNS, AS WELL AS A DISCUSSION OF INTERNAL CONTROLS.

A DRAFT OF THE FORM 990 IS REVIEWED AND AUTHORIZED BY A MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY IS RENEWED ANNUALLY WITH ALL OFFICERS OF THE ORGANIZATION. POTENTIAL CONFLICTS ARE BROUGHT TO THE BOARD OF DIRECTORS FOR REVIEW AND OFFICERS FOUND TO HAVE CONFLICTS OF INTEREST ARE ASKED TO RESIGN OR ABSTAIN FROM INVOLVEMENT IN ALL RELATED PROJECTS. ALL OFFICES AND DIRECTORS SIGN A STATEMENT

Name of the organization

Employer identification number

THE CRENUATED COMPANY, LTD.

14-1719016

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

ACKNOWLEDGING THE POLICY.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATIONS'S GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE FOR PUBLIC INSPECTION AT THE ORGANIZATION'S OFFICE DURING REGULAR BUSINESS HOURS UPON REQUEST. THE DOCUMENTS ARE ALSO FILED WITH THE NEW YORK STATE OFFICE OF THE ATTORNEY GENERAL, AND ARE AVAILABLE FOR PUBLIC INSPECTION.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

BOOK TAX DEPRECIATION DIFFERENCE.....	\$	57,561.
TOTAL	\$	<u>57,561.</u>

FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

THE AUDIT COMMITTEE OF SETTLEMENT HOUSING FUND, INC. OVERSEES THE AUDIT OF THE CRENUATED COMPANY, LTD.

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.
► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

THE CRENUATED COMPANY, LTD.

Employer identification number

14-1719016

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
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) SETTLEMENT HOUSING FUND, INC. 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 23-7078882	LOW INCOME HOUSING	NY	501 (C) (3)	10	N/A		X
(2) NEWSET II HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 13-4101214	LOW INCOME HOUSING	NY	501 (C) (3)	10	SETTLEMENT HOUSING FUND, INC.		X
(3) SHUHAB HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 02-0614246	LOW INCOME HOUSING	NY	501 (C) (3)	10	SETTLEMENT HOUSING FUND, INC.		X
(4) BROOKSET HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 06-1622109	LOW INCOME HOUSING	NY	501 (C) (3)	10	SETTLEMENT HOUSING FUND, INC.		X

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) Dispropor- tionate 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	
SEE PART VII												
(1) 1615 ST. JOHNS P 247 W. 37TH STRE NEW YORK, NY 100 01-0571716	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	RELATED	0.	0.		X	N/A		X	
(2) MARCY BAER ASSOC 247 W. 37TH STRE NEW YORK, NY 100 13-3727276	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	RELATED	0.	0.		X	N/A		X	
(3) TWO BRIDGESET AS 247 W. 37TH STRE NEW YORK, NY 100 13-3826946	LOW INCOME HOUSING	NY	N/A	RELATED	0.	0.		X	N/A		X	

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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) PARK TOWERS HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 94-3462782	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
(2) MARCY BAER, INC. 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 13-3727272	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
(3) 1615 ST. JOHNS PLACE, INC. 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 01-0571702	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X

Part IV 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.

	Yes	No
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?		
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) SETTLEMENT HOUSING FUND, INC.	C	150,000	FMV
(2) SETTLEMENT HOUSING FUND, INC.	D	3,887,127	FMV
(3) SETTLEMENT HOUSING FUND, INC.	M	210,100	FMV
(4) NEWSET II HDFC	K	30,000	FMV
(5) NEWSET II HDFC	Q	37,552	FMV
(6) NEW SETTLEMENT COMMUNITY CAMPUS CORP	C	5,000	FMV

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	
(1) _____ _____ _____													
(2) _____ _____ _____													
(3) _____ _____ _____													
(4) _____ _____ _____													
(5) _____ _____ _____													
(6) _____ _____ _____													
(7) _____ _____ _____													
(8) _____ _____ _____													

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

1615 ST. JOHNS PLACE, L.P. 01-0571716 247 W. 37TH STREET, 4TH FL NEW
YORK, NY 10018

MARCY BAER ASSOCIATES, L.P. 13-3727276 247 W. 37TH STREET, 4TH FL NEW
YORK, NY 10018

TWO BRIDGESET ASSOCIATES, LP 13-3826946 247 W. 37TH STREET, 4TH FL NEW
YORK, NY 10018

1561 MM LLC 47-3819267 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018

1561 ASSOCIATES LLC 47-3808952 247 W. 37TH STREET, 4TH FL NEW YORK, NY
10018

1561 DEVELOPER LLC 47-4174533 247 W. 37TH STREET, 4TH FL NEW YORK, NY
10018

NSA 2015 LLC 47-5198095 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018

NSA 2015 OWNER LLC 81-0859460 247 W. 37TH STREET, 4TH FL NEW YORK, NY
10018

NSA 2015 MM LLC 38-3985769 247 W. 37TH STREET, 4TH FL NEW YORK, NY
10018

ST. LUCY SHF LLC 81-2245121 247 W. 37TH STREET, 4TH FL NEW YORK, NY
10018

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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) Sec 512(b)(13) controlled entity?	
						Yes	No
SEMIPERM HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 13-4333566	LOW INCOME HOUSING	NY	501 (C) (3)	10	SETTLEMENT HOUSING FUND, INC.		X
NEW SETTLEMENT COMMUNITY CAMPUS CORP 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 20-3590089	COMMUNITY POOL AND RECREATION CENTER	NY	501 (C) (3)	10	SETTLEMENT HOUSING FUND, INC.		X
THE ST. JOHN'S PLACE FAMILY CENTER H 247 WEST 37TH STREET NEW YORK, NY 10018 13-3441465	LOW INCOME HOUSING	NY	501 (C) (3)	10	SETTLEMENT HOUSING FUND, INC.		X
THE ST. JOHN'S PLACE FAMILY CTR DAY 247 WEST 37TH STREET NEW YORK, NY 10018 11-3557478	DAY CARE	NY	501 (C) (3)	10	SETTLEMENT HOUSING FUND, INC.		X
NEW HULL STREET HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 13-3607310	LOW INCOME HOUSING	NY	501 (C) (3)	10	SETTLEMENT HOUSING FUND, INC.		X
TWO BRIDGESET HDFC, INC. 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 13-3686755	LOW INCOME HOUSING	NY	501 (C) (3)	10	N/A		X
TWO BRIDGES-SETTLEMENT HOUSING CORP 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 90-0681659	LOW INCOME HOUSING	NY	501 (C) (3)	10	N/A		X
287 HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 46-1958016	LOW INCOME HOUSING	NY	501 (C) (3)	10	SETTLEMENT HOUSING FUND, INC.		X
301 HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 46-2592248	LOW INCOME HOUSING	NY	501 (C) (3)	10	SETTLEMENT HOUSING FUND, INC.		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Dispropor- tionate 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	
1561 MM LLC 247 W. 37TH STREET NEW YORK, NY 10018 47-3819267	LOW INCOME HOUSING	NY	SETTLEMENT	RELATED	0.	0.		X	N/A		X	
1561 ASSOCIATES LL 247 W. 37TH STREET NEW YORK, NY 10018 47-3808952	LOW INCOME HOUSING	NY	SETTLEMENT	RELATED	0.	0.		X	N/A		X	
1561 DEVELOPER LLC 247 W. 37TH STREET NEW YORK, NY 10018 47-4174533	LOW INCOME HOUSING	NY	SETTLEMENT	RELATED	0.	0.		X	N/A		X	
NSA 2015 LLC 247 W. 37TH STREET NEW YORK, NY 10018 47-5198095	LOW INCOME HOUSING	NY	SETTLEMENT	RELATED	0.	0.		X	N/A		X	
NSA 2015 OWNER LLC 247 W. 37TH STREET NEW YORK, NY 10018 81-0859460	LOW INCOME HOUSING	NY	SETTLEMENT	RELATED	0.	0.		X	N/A		X	
NSA 2015 MM LLC 247 W. 37TH STREET NEW YORK, NY 10018 38-3985769	LOW INCOME HOUSING	NY	SETTLEMENT	RELATED	0.	0.		X	N/A		X	
ST. LUCY SHF LLC 247 W. 37TH STREET NEW YORK, NY 10018 81-2245121	LOW INCOME HOUSING	NY	SETTLEMENT	RELATED	0.	0.		X	N/A		X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
FIRST WOMEN'S DEVELOPMENT CORP 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 13-3088328	DEVELOPMEN T	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
TWO BRIDGESET TOWERS, INC. 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 13-3849582	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
CROSSROADS II HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 46-4085594	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
MONTEREY HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 47-0967004	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
CROSSROADS I HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 47-2518606	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
1561 HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 47-3687097	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
ANDREWS/KELLY HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 47-3699333	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
JAMSTA II HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 47-4047789	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
SITE 2 DSA HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 47-3992246	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
SITE 5 DSA HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 47-4085659	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
SITE 6 DSA HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 47-4636290	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
SEAVIEW C HDFC 247 W. 37TH STREET, 4TH FL NEW YROK, NY 10018 47-4654587	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
2605 GC HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 47-4657709	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
FRENCH APTS HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 47-5571044	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
NSA 2015 HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 47-5605519	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
2BT HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 47-5321215	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
FOX-SIMPSON HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 81-1516630	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
STB HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 81-1665354	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
MARINE TERRACE HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 81-2059919	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
477 LENOX HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 81-2957903	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
STEVENSON COMMONS HOUSING COMP 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 81-3215276	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
1340 STRATFORD HOUSING COMPANY 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 81-4420309	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
18 STREET FULTON HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 81-4485652	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X
SITE 8 DSA HDFC 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018 81-4713076	LOW INCOME HOUSING	NY	SETTLEMEN T HOUSING F	C CORP	0.	0.			X

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of related organization	(B) Transaction type (a-s)	(C) Amount involved	(D) Method of determining amount involved
NEW SETTLEMENT COMMUNITY CAMPUS CORP.....	D	252,771.	FMV
NEW SETTLEMENT COMMUNITY CAMPUS CORP.....	K	225,101.	FMV
MARCY BAER ASSOCIATES, L.P.....	L	48,000.	FMV
MARCY BAER ASSOCIATES, L.P.....	Q	27,485.	FMV
NSA 2015 OWNER LLC.....	D	64,567,496.	FMV
NSA 2015 OWNER LLC.....	G	84,500,000.	FMV

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2016Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

THE CRENUATED COMPANY, LTD.

Identifying number

14-1719016

Business or activity to which this form relates

FORM 990/990-PF**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions).....	1	
2	Total cost of section 179 property placed in service (see instructions).....	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions).....	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.....	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)....	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12.....	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions).....	14	
15	Property subject to section 168(f)(1) election.....	15	
16	Other depreciation (including ACRS).....	16	124,138.

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

17	MACRS deductions for assets placed in service in tax years beginning before 2016.....	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here..... <input type="checkbox"/>		

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28.....	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.....	22	124,138.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.....	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 01/24/17

Form 4562 (2016)