

EXTENDED TO MAY 15, 2023

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CRENULATED COMPANY, LTD. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 247 W 37TH STREET, 4TH FL City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018 F Name and address of principal officer: ALEXA SEWELL SAME AS C ABOVE	D Employer identification number 14-1719016 E Telephone number 212-265-6530 G Gross receipts \$ 10,442,755. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SETTLEMENTHOUSINGFUND.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1989 M State of legal domicile: NY

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THE CRENULATED COMPANY LTD. PROVIDES VARIOUS SOCIAL SERVICE PROGRAMS AND OTHER COMMUNITY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	285
	6	Total number of volunteers (estimate if necessary)	6	10
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	3,312,420.
9		Program service revenue (Part VIII, line 2g)	129,107.	225,250.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,074.	32,165.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,693.	13,563.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,533,294.	10,442,755.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	78,964.	217,854.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,734,092.	6,447,287.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 204,149.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,558,460.	3,588,026.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,371,516.	10,253,167.
19	Revenue less expenses. Subtract line 18 from line 12	-838,222.	189,588.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,050,484.	9,182,171.
	21	Total liabilities (Part X, line 26)	5,624,005.	5,566,104.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,426,479.	3,616,067.

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 ALEXA SEWELL, VICE PRESIDENT Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name LORI ROTHE YOKOBOSKY, CPA	Preparer's signature LORI ROTHE YOKOBOSKY	Date 04/10/23	Check if self-employed <input type="checkbox"/>	PTIN P01273422
	Firm's name ▶ COHNREZNICK LLP	Firm's EIN ▶ 22-1478099	Phone no. 973-228-3500		
	Firm's address ▶ 14 SYLVAN WAY PARSIPPANY, NJ 07054-3801				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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

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

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

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

4a (Code:) (Expenses \$ 8,750,175. including grants of \$ 217,854.) (Revenue \$ 238,813.) COMMUNITY SERVICES & EDUCATIONAL PROGRAMS: THE CRENULATED 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 CRENULATED 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 \$ including grants of \$) (Revenue \$)

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,750,175.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		285
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
ALEXA SEWELL - 212-265-6530
247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEXA SEWELL VICE PRESIDENT	0.50 38.25	X		X				0.	267,375.	36,268.
(2) RIGAUD NOEL EXECUTIVE DIRECTOR	35.00 3.50			X				0.	186,331.	0.
(3) ALLISON PALMER ASSO. EXEC. DIRECTOR	40.00					X		125,459.	0.	16,951.
(4) JUAN OTERO NSCC BLDG ENGINEER	40.00					X		105,567.	0.	16,408.
(5) BRYAN FRYER DIRECTOR	0.50	X						0.	0.	0.
(6) CAROL LAMBERG DIRECTOR	0.50	X						0.	0.	0.
(7) CHARLES S. WARREN PRESIDENT/CHAIR	0.50	X		X				0.	0.	0.
(8) FRANCES LEVENSON SECRETARY/TREASURER	0.50	X		X				0.	0.	0.
(9) JASON ACOSTA DIRECTOR	0.50	X						0.	0.	0.
(10) JEAN CLEARY DIRECTOR	0.50	X						0.	0.	0.
(11) RACHEL GROSSMAN DIRECTOR	0.50	X						0.	0.	0.
(12) RUTH E. PEREZ DIRECTOR	0.50	X						0.	0.	0.
(13) SHERYL SIMON DIRECTOR	0.50	X						0.	0.	0.
(14) SUSAN COLE DIRECTOR	0.50	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	594,868.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,951,227.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,625,682.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			10,171,777.			
Program Service Revenue	2 a EDUCATIONAL SERVICES FEE	Business Code	900099	177,250.	177,250.		
	b COMMUNITY SERVICE PROGRAM	Business Code	900099	48,000.	48,000.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			225,250.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			32,165.		32,165.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue		900099	13,563.	13,563.		
	e Total. Add lines 11a-11d			13,563.			
12 Total revenue. See instructions			10,442,755.	238,813.	0.	32,165.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	217,854.	217,854.		
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				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,302,803.	4,827,352.	354,946.	120,505.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	84,183.	79,487.	4,499.	197.
9 Other employee benefits	645,996.	609,959.	34,525.	1,512.
10 Payroll taxes	414,305.	374,979.	30,201.	9,125.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	20,000.		20,000.	
d Lobbying	36,050.			36,050.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	906,248.	213,396.	656,092.	36,760.
12 Advertising and promotion	68,466.	65,199.	3,267.	
13 Office expenses	900,605.	785,151.	115,454.	
14 Information technology	10,500.	10,500.		
15 Royalties				
16 Occupancy	244,389.	243,939.	450.	
17 Travel	52,674.	47,002.	5,672.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	19,760.	13,312.	6,448.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	111,921.	111,921.		
23 Insurance	395,662.	372,930.	22,732.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBTS	256,551.	238,215.	18,336.	
b FOOD AND REFRESHMENT	166,677.	155,759.	10,918.	
c PROFESSIONAL DEVELOPMEN	151,759.	145,233.	6,526.	
d ADMISSION	87,435.	83,675.	3,760.	
e All other expenses _____	159,329.	154,312.	5,017.	
25 Total functional expenses. Add lines 1 through 24e	10,253,167.	8,750,175.	1,298,843.	204,149.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	340,924.	1	795,165.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,264,815.	3	1,878,580.
	4 Accounts receivable, net	1,974.	4	1,974.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,054,048.	7	1,086,196.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	147,301.	9	60,737.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 739,611.		
	b Less: accumulated depreciation	10b 173,724.		
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,792,610.	15	4,793,632.
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,050,484.	16	9,182,171.	
Liabilities	17 Accounts payable and accrued expenses	426,675.	17	431,007.
	18 Grants payable	1,000.	18	0.
	19 Deferred revenue		19	92,293.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	5,196,330.	25	5,042,804.
	26 Total liabilities. Add lines 17 through 25	5,624,005.	26	5,566,104.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	334,334.	27	2,615,216.
	28 Net assets with donor restrictions	3,092,145.	28	1,000,851.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,426,479.	32	3,616,067.
33 Total liabilities and net assets/fund balances	9,050,484.	33	9,182,171.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,442,755.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,253,167.
3	Revenue less expenses. Subtract line 2 from line 1	3	189,588.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,426,479.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,616,067.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **THE CRENLATED 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).)
- 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 on 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		
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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 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); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 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.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5908629.	6647358.	6730591.	3312420.	10171777.	32770775.
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	779,055.	417,315.	346,335.	129,107.	225,250.	1897062.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	6687684.	7064673.	7076926.	3441527.	10397027.	34667837.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						34667837.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	6687684.	7064673.	7076926.	3441527.	10397027.	34667837.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			115,018.	16,074.	32,165.	163,257.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			115,018.	16,074.	32,165.	163,257.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		5,250.	10,980.	75,693.	13,563.	105,486.
13 Total support. (Add lines 9, 10c, 11, and 12.)	6687684.	7069923.	7202924.	3533294.	10442755.	34936580.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	99.23 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	96.22 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	.47 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	3.53 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990) 2021

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

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

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

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

FUNDRAISING

2018 AMOUNT: \$ 5,250.

2019 AMOUNT: \$ 10,980.

BAD DEBT RECOVERY

2020 AMOUNT: \$ 75,693.

2021 AMOUNT: \$ 0.

MISC INCOME

2021 AMOUNT: \$ 13,563.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

THE CRENULATED COMPANY, LTD.

Employer identification number

14-1719016

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		36,050.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			36,050.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION PAID \$36,050 FOR NYS AND MUNICIPAL GOVERNMENT LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		607,038.	159,877.	447,161.
e Other		132,573.	13,847.	118,726.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				565,887.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATE	4,793,632.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,793,632.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATE	5,042,804.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,042,804.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,442,755.
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	0.
3	Subtract line 2e from line 1	3	10,442,755.
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.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,442,755.

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	10,253,167.
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	0.
3	Subtract line 2e from line 1	3	10,253,167.
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.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,253,167.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE COMPANY HAS APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ("IRS") TO BE TREATED AS A TAX-EXEMPT ENTITY PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2022. DUE TO ITS TAX-EXEMPT STATUS, THE COMPANY IS NOT SUBJECT TO INCOME TAXES. THE COMPANY IS REQUIRED TO FILE AND DOES FILE INFORMATIONAL RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES, AND THE COMPANY HAS NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. INFORMATIONAL RETURNS FILED BY THE COMPANY ARE SUBJECT TO EXAMINATION BY THE IRS FOR A PERIOD OF THREE YEARS. WHILE NO INFORMATIONAL RETURNS ARE CURRENTLY BEING

Part XIII Supplemental Information *(continued)*

EXAMINED BY THE IRS, TAX YEARS SINCE 2019 REMAIN OPEN.

Multiple horizontal lines for supplemental information.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization 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? [X] Yes [] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance.

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

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

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPENDS	297	217,854.	0.		

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:

THE COMPANY AND ITS BOARD 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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> 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 on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input 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 |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALEXA SEWELL VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	267,375.	0.	0.	6,000.	30,268.	303,643.	0.
(2) RIGAUD NOEL EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	186,331.	0.	0.	0.	0.	186,331.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THE CRENULATED COMPANY, LTD.

Employer identification number

14-1719016

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

PROGRAMS THROUGH ITS AFFILIATED ORGANIZATION THAT OWNS A COMMUNITY
CENTER. IT ALSO CONTINUES ITS MISSION TO PROVIDE SUPPORT TO RELATED
ENTITIES THAT OPERATE AND MANAGE AFFORDABLE HOUSING FOR LOW AND
MODERATE INCOME FAMILIES.

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

OUTDOOR ADVENTURES AND THE ARTS THROUGH A RELATED ENTITY THAT OWNS A
COMMUNITY CENTER IN THE BRONX, NEW YORK. THE ORGANIZATION PROVIDES
SUPPORT FOR AFFORDABLE HOUSING PROJECTS, THROUGH THEIR OWNED AND
OPERATED BY ITS RELATED ENTITIES.

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

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, SECTION B, LINE 12C:

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

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

Schedule O (Form 990) 2021

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

DIRECTORS SIGN A STATEMENT ACKNOWLEDGING THE POLICY.

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

THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL EXECUTIVE COMPENSATION CONTRACTS.

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

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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **THE CREMULATED 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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
1415 WYTHE HOUSING DEVELOPMENT FUND CORPORATION - 84-1971137, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	7	SETTLEMENT HOUSING FUND, INC.		X
287 HDPC - 46-1958016 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
301 HDPC - 46-2592248 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
BROOKSET HDPC - 06-1622109 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X

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

Schedule R (Form 990) 2021

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) Section 512(b)(13) controlled organization?	
						Yes	No
NEW HULL STREET HOUSING DEVELOPMENT FUND COMPANY INC - 13-3607310, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
NEW SETTLEMENT COMMUNITY CAMPUS CORP - 20-3590089, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	COMMUNITY CENTER	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
NEWSET II HDFC - 13-4101214 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
SEMIPERM HOUSING DEVELOPMENT FUND CORPORATION - 13-4333566, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 11233	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
SETTLEMENT HOUSING FUND, INC. - 23-7078882 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	N/A		X
SHUHAB HOUSING DEVELOPMENT FUND CORPORATION - 02-0614246, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
THE ST. JOHN'S PLACE FAMILY CENTER HDFC - 13-3441465, 1630 ST. JOHN'S PLACE, BROOKLYN, NY 11233	HOUSING TO HOMELESS	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
THE ST. JOHN'S PLACE FAMILY CTR DAY CARE - 11-3557478, 1630 ST. JOHN'S PLACE, BROOKLYN, NY 11233	DAY CARE	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
TWO BRIDGES SETTLEMENT HOUSING CORPORATION - 90-0681659, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
TWO BRIDGESET HOUSING DEVELOPMENT FUND COMPANY INC - 13-3686755, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
1561 ASSOCIATES LLC - 47-3808952, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
1561 DEVELOPER LLC - 47-4174533, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
1561 MM LLC - 47-3819267 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
1615 ST. JOHN'S PL, LP - 01-0571702, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
1340 STRATFORD HOUSING COMPANY, INC. - 81-4420309, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
1561 HDFC - 47-3687097 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
1615 ST. JOHN'S PLACE, INC. - 01-0571702 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
18TH STREET FULTON HDFC - 81-4485652 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
2605 GC HDFC - 47-4657709 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		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) Disproportion- ate 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	
MARCY BAER ASSOCIATES, L.P. - 13-3727276, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NSA 2015 LLC - 47-5198095 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NSA 2015 MM LLC - 38-3985769 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NSA 2015 OWNER LLC - 81-0859460, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
ST. LUCY SHF LLC - 81-2245121 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TWO BRIDGESET ASSOCIATES LP - 13-3826946, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
BEECH SET LLC - 83-0686217 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TWIN PARKS TERRACE LLC - 83-3296511, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TP DEVELOPER LLC - 84-1898691, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A

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) Disproportion- ate 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	
TP MM LLC - 84-1907180 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NSA ADMIN LLC - 85-4209340 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SHF TWIN PARKS TERRACE LLC - 84-3065740, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HARLEM RIVER PRESERVATION HTC LLC - 85-0981785, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HARLEM RIVER PRESERVATION LLC - 85-0991644, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HARLEM RIVER PRESERVATION MM LLC - 85-1021032, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SHF WHGA HRP LLC - 85-1025945 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TWIN PARKS TERRACE MASTER TENANT LLC - 85-4284006, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SHF TPT MASTER TENANT LLC - 85-4302407, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A

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
2BT HDFC - 47-5321215 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
477 LENOX HDFC - 81-2957903 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
ANDREWS/KELLEY HDFC - 47-3699333 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
CROSSROADS I HDFC - 47-2518606 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
CROSSROADS II HDFC - 46-4085594 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
FIRST WOMEN'S DEVELOPMENT CORP - 13-3088328 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	INACTIVE	NY	N/A	C CORP	N/A	N/A	N/A		X
FOX-SIMPSON HDFC - 81-1516630 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
FRENCH APTS HDFC - 47-5571044 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
JAMSTA II HDFC - 47-4047789 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
MARCY BAER, INC. - 13-3727272 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
MARINE TERRACE HDFC - 81-2059919 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
MONTEREY HOUSING DEVELOPMENT FUND CORP - 47-0967004, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	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
NSA 2015 HDFC - 47-5605519 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
PARK TOWERS HDFC - 94-3462782 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
SEAVIEW C HDFC - 47-4654587 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
SITE 2 DSA HDFC - 47-3992246 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
SITE 5 DSA HDFC - 47-4085659 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
SITE 6 DSA HDFC - 47-4636290 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
SITE 8 DSA HDFC - 81-4713076 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
STB HDFC - 81-1665354 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
STEVENSON COMMONS HOUSING COMPANY, INC. - 81-3215276, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
TWO BRIDGESET TOWERS, INC. - 13-3849582 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
841 HDFC - 82-0954303 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
ST LUCYS HDFC - 82-1032727 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	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
STEVENS ON COMMONS HD FC - 82-1852928 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
CATON FLATS HD FC - 82-1937186 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
GRAND CROSSING HD FC - 82-1955841 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
GRAND APTS HD FC - 82-2117430 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
TIFFANY HD FC - 82-2496133 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
CAROL HD FC - 82-2455264 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
CAROL HOUSING COMPANY, INC. - 82-2464921 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
VISION HD FC - 82-2509992 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BGNII HD FC - 82-3153200 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
WESTBRIDGE HD FC - 82-3244871 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
HALLETT S BUILDING 7 HD FC - 82-3397456 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
TREMONT HD FC - 82-4040672 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	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
1314 SENECA HDFC - 82-4476713 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BSC HDFC - 82-4575407 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BSC HOUSING COMPANY, INC. - 82-4675757 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
RIVERWALK 8 HDFC - 82-4739416 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
JAMAICA II HDFC - 82-5111117 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
CONEY ISLAND PHASE 1 HDFC - 83-0540836 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
TRIPLE HDFC - 83-1721883 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BEDFORD COURTS III HDFC - 83-1739027 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BEDFORD COURTS II HDFC - 83-1911352 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BROWNSVILLE LIVONIA SOUTH HDFC - 83-2696865 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BEDFORD COURTS LOCAL DEVELOPMENT CORPORATION - 83-2811905, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
WEST FARMS PRESERVATION HDFC - 83-2806356 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	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
740 CRANFORD HDFC - 83-3596369 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
2340 BEAUMONT HDFC - 83-3621827 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
916 POLITE HDFC - 83-3862983 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
HARLEN HDFC - 83-3847875 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
CONEY ISLAND PHASE 2 HDFC - 83-4373165 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
1414 WALTON HDFC - 84-1957395 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
ST. ANNS PORTFOLIO HDFC - 84-2375953 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
EVERGREEN TIEBOUT HDFC - 84-2406520 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
COURT CARROLL SACKETT HDFC - 84-2422455 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
TWIN PARKS TERRACE HDFC - 84-2509378 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
311 10TH AVENUE HDFC - 84-2561339 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BAY TOWERS PRESERVATION HOUSING COMPANY, INC. - 84-2787414, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X

Schedule R (Form 990)

THE CRENLATED COMPANY, LTD.

14-1719016

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
BAY TOWERS PRESERVATION HDFC - 84-2851953 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
SHF WEEKSVILLE HDFC - 84-3087008 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
2257 GRAND HDFC - 84-3099038 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
TOWER WEST HDFC - 84-3119723 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
RAHF IV TOWER WEST HOUSING COMPANY, INC. - 84-3131831, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
RIVER CROSSING OWNER HDFC - 84-3285715 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
HERITAGE HOLDINGS HDFC - 84-3300259 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
MILES PARKER OWNER HDFC - 84-3312242 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
ROOSEVELT LANDINGS OWNER HDFC - 84-3389730 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
123 WEST 183 HDFC - 84-3409838 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
27 BED STUY HDFC - 84-3907649 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
GOODWILL INDUSTRIES HOUSING COMPANY, INC. - 11-2224215, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	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
JELB WEBSTER HDFC - 84-4240639 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
ASTORIA TOWERS HDFC - 84-4253885 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
125 W 125TH STREET LOCAL DEVELOPMENT CORPORATION - 84-4820838, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
125 W 125TH STREET HDFC - 84-5180049 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
125 W 125TH STREET II LOCAL DEVELOPMENT CORPORATION - 85-0626509, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
270 WEST 96TH STREET HDFC - 85-0898630 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
148 BROOK HDFC - 85-2892432 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BROOK AND BROWN HDFC - 85-3472214 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
THESS HDFC - 85-3628886 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
GRANT DEVELOPMENT HDFC - 86-1311910 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
FORT GEORGE HDFC - 86-1278521 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
HARLEM RIVER PRESERVATION HDFC - 87-1266582 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	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
STANLEY AVENUE PRESERVATION HDFC - 87-1359469, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
SHERMAN CLUSTER HDFC - 87-1395489 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
RISLEY DENT APARTMENTS HDFC - 87-1412640 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
1018 EAST 163RD STREET HDFC - 87-2011380 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
REVIVE 103 HDFC - 87-2029878 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
1971 GRAND HDFC - 87-2043378 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
2060 PITKIN HDFC - 87-2100034 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
TRIBORO 2059 HDFC - 87-3141567 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BRONX PORTFOLIO PRESERVATION HDFC - 87-3202899, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

JUNE 30, 2022

PREPARED FOR:

THE CRENULATED COMPANY, LTD.
247 W 37TH STREET, 4TH FL
NEW YORK, NY 10018

PREPARED BY:

COHNREZNICK LLP
14 SYLVAN WAY
PARSIPPANY, NJ 07054-3801

AMOUNT OF TAX:

BALANCE DUE OF \$275

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

THE NEW YORK FORM FORM CHAR500 SHOULD BE FILED VIA THE WEB AT:
HTTPS://CHARITIESNYS.COM/ONLINE_ANNUAL_FILING_22.HTML

NOTE: IN WEB BROWSER, TYPE WEB ADDRESS IN ALL LOWER CASE

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

<h1>CHAR500</h1> <p>NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com</p>	<u>Send with fee and attachments to:</u> NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005	<h2>2021</h2> <p>Open to Public Inspection</p>

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2021 and Ending (mm/dd/yyyy) 06/30/2022		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: THE CRENULATED COMPANY, LTD.	Employer Identification Number (EIN): 14-1719016
	Mailing Address: 247 W 37TH STREET, 4TH FL	NY Registration Number: 04-38-38
	City / State / ZIP: NEW YORK, NY 10018	Telephone: 212 265-6530
	Website: WWW.SETTLEMENTHOUSINGFUND.ORG	Email: BCARONS@MMJLLP.COM
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.		

2. Certification

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

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

President or Authorized Officer:	ALEXA SEWELL		
	VICE PRESIDENT		
	_____ Signature	_____ Print Name and Title	_____ Date
Chief Financial Officer or Treasurer:			
	_____ Signature	_____ Print Name and Title	_____ Date

3. Annual Reporting Exemption

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

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>250.</u>	Total fee: \$ <u>275.</u>	Make a single check or money order payable to: "Department of Law"
---	---------------------------------	------------------------------------	------------------------------	--

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

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

THE CRENULATED COMPANY, LTD.**CHAR500**

Annual Filing Checklist

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

Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
- Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

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

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

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

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

DUAL filers are registered under both 7A and EPTL.

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

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

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

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

Send Your Filing

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

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

Need Assistance?

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

CHAR500Schedule 4b: Government Grants
www.CharitiesNYS.com**2021****Open to Public
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization: THE CRENULATED COMPANY, LTD.	NY Registration Number: 04-38-38
--	--

2. Government Grants

Name of Government Agency	Amount of Grant
1. DEPARTMENT OF YOUTH & COMMUNITY DEVELOPMENT	1. 2,186,020.
2. NEW YORK STATE DEPARTMENT OF EDUCATION	2. 736,681.
3. NYC DEPARTMENT OF HOUSING PRESERVATION & DEVPT	3. 330,573.
4. NYC DEPT OF HEALTH & MENTAL HYGIENE	4. 2,496.
5. NYS DEPT OF AGRICULTURE & MARKETS	5. 80,385.
6. NYS OFFICE OF CHILDREN & FAMILY SERVICES	6. 770,036.
7. US DEPARTMENT OF LABOR	7. 647,036.
8. US SMALL BUSINESS ADMINISTRATION	8. 1,198,000.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 5,951,227.

EXTENDED TO MAY 15, 2023

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CRENULATED COMPANY, LTD. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 247 W 37TH STREET, 4TH FL City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018	D Employer identification number 14-1719016 E Telephone number 212-265-6530
F Name and address of principal officer: ALEXA SEWELL SAME AS C ABOVE		G Gross receipts \$ 10,442,755. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SETTLEMENTHOUSINGFUND.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1989 M State of legal domicile: NY

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THE CRENULATED COMPANY LTD. PROVIDES VARIOUS SOCIAL SERVICE PROGRAMS AND OTHER COMMUNITY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	285
	6	Total number of volunteers (estimate if necessary)	6	10
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	3,312,420.
9		Program service revenue (Part VIII, line 2g)	129,107.	225,250.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,074.	32,165.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,693.	13,563.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,533,294.	10,442,755.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	78,964.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,734,092.	6,447,287.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 204,149.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,558,460.	3,588,026.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,371,516.	10,253,167.
	19	Revenue less expenses. Subtract line 18 from line 12	-838,222.	189,588.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,050,484.	9,182,171.
	21	Total liabilities (Part X, line 26)	5,624,005.	5,566,104.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,426,479.	3,616,067.

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 ALEXA SEWELL, VICE PRESIDENT Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name LORI ROTHE YOKOBOSKY, CPA	Preparer's signature LORI ROTHE YOKOBOSKY	Date 04/10/23	Check if self-employed <input type="checkbox"/>	PTIN P01273422
	Firm's name ▶ COHNREZNICK LLP	Firm's EIN ▶ 22-1478099	Phone no. 973-228-3500		
	Firm's address ▶ 14 SYLVAN WAY PARSIPPANY, NJ 07054-3801				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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

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

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

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

4a (Code:) (Expenses \$ 8,750,175. including grants of \$ 217,854.) (Revenue \$ 238,813.) COMMUNITY SERVICES & EDUCATIONAL PROGRAMS: THE CRENULATED 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 CRENULATED 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 \$ including grants of \$) (Revenue \$)

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,750,175.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		285
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
ALEXA SEWELL - 212-265-6530
247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEXA SEWELL VICE PRESIDENT	0.50 38.25	X		X				0.	267,375.	36,268.
(2) RIGAUD NOEL EXECUTIVE DIRECTOR	35.00 3.50			X				0.	186,331.	0.
(3) ALLISON PALMER ASSO. EXEC. DIRECTOR	40.00					X		125,459.	0.	16,951.
(4) JUAN OTERO NSCC BLDG ENGINEER	40.00					X		105,567.	0.	16,408.
(5) BRYAN FRYER DIRECTOR	0.50	X						0.	0.	0.
(6) CAROL LAMBERG DIRECTOR	0.50	X						0.	0.	0.
(7) CHARLES S. WARREN PRESIDENT/CHAIR	0.50	X		X				0.	0.	0.
(8) FRANCES LEVENSON SECRETARY/TREASURER	0.50	X		X				0.	0.	0.
(9) JASON ACOSTA DIRECTOR	0.50	X						0.	0.	0.
(10) JEAN CLEARY DIRECTOR	0.50	X						0.	0.	0.
(11) RACHEL GROSSMAN DIRECTOR	0.50	X						0.	0.	0.
(12) RUTH E. PEREZ DIRECTOR	0.50	X						0.	0.	0.
(13) SHERYL SIMON DIRECTOR	0.50	X						0.	0.	0.
(14) SUSAN COLE DIRECTOR	0.50	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	594,868.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,951,227.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,625,682.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			10,171,777.			
Program Service Revenue	2 a EDUCATIONAL SERVICES FEE	Business Code	900099	177,250.	177,250.		
	b COMMUNITY SERVICE PROGRAM	Business Code	900099	48,000.	48,000.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			225,250.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			32,165.		32,165.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue		900099	13,563.	13,563.		
	e Total. Add lines 11a-11d			13,563.			
12 Total revenue. See instructions			10,442,755.	238,813.	0.	32,165.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	217,854.	217,854.		
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				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,302,803.	4,827,352.	354,946.	120,505.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	84,183.	79,487.	4,499.	197.
9 Other employee benefits	645,996.	609,959.	34,525.	1,512.
10 Payroll taxes	414,305.	374,979.	30,201.	9,125.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	20,000.		20,000.	
d Lobbying	36,050.			36,050.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	906,248.	213,396.	656,092.	36,760.
12 Advertising and promotion	68,466.	65,199.	3,267.	
13 Office expenses	900,605.	785,151.	115,454.	
14 Information technology	10,500.	10,500.		
15 Royalties				
16 Occupancy	244,389.	243,939.	450.	
17 Travel	52,674.	47,002.	5,672.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,760.	13,312.	6,448.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	111,921.	111,921.		
23 Insurance	395,662.	372,930.	22,732.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBTS	256,551.	238,215.	18,336.	
b FOOD AND REFRESHMENT	166,677.	155,759.	10,918.	
c PROFESSIONAL DEVELOPMEN	151,759.	145,233.	6,526.	
d ADMISSION	87,435.	83,675.	3,760.	
e All other expenses	159,329.	154,312.	5,017.	
25 Total functional expenses. Add lines 1 through 24e	10,253,167.	8,750,175.	1,298,843.	204,149.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	340,924.	1	795,165.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,264,815.	3	1,878,580.
	4 Accounts receivable, net	1,974.	4	1,974.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,054,048.	7	1,086,196.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	147,301.	9	60,737.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 739,611.		
	b Less: accumulated depreciation	10b 173,724.		
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,792,610.	15	4,793,632.
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,050,484.	16	9,182,171.	
Liabilities	17 Accounts payable and accrued expenses	426,675.	17	431,007.
	18 Grants payable	1,000.	18	0.
	19 Deferred revenue		19	92,293.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	5,196,330.	25	5,042,804.
	26 Total liabilities. Add lines 17 through 25	5,624,005.	26	5,566,104.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	334,334.	27	2,615,216.
	28 Net assets with donor restrictions	3,092,145.	28	1,000,851.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,426,479.	32	3,616,067.
33 Total liabilities and net assets/fund balances	9,050,484.	33	9,182,171.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,442,755.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,253,167.
3	Revenue less expenses. Subtract line 2 from line 1	3	189,588.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,426,479.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,616,067.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5908629.	6647358.	6730591.	3312420.	10171777.	32770775.
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	779,055.	417,315.	346,335.	129,107.	225,250.	1897062.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	6687684.	7064673.	7076926.	3441527.	10397027.	34667837.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						34667837.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	6687684.	7064673.	7076926.	3441527.	10397027.	34667837.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			115,018.	16,074.	32,165.	163,257.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			115,018.	16,074.	32,165.	163,257.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		5,250.	10,980.	75,693.	13,563.	105,486.
13 Total support. (Add lines 9, 10c, 11, and 12.)	6687684.	7069923.	7202924.	3533294.	10442755.	34936580.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	99.23 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	96.22 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	.47 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	3.53 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990) 2021

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

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

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

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

FUNDRAISING

2018 AMOUNT: \$ 5,250.

2019 AMOUNT: \$ 10,980.

BAD DEBT RECOVERY

2020 AMOUNT: \$ 75,693.

2021 AMOUNT: \$ 0.

MISC INCOME

2021 AMOUNT: \$ 13,563.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

THE CRENULATED COMPANY, LTD.

Employer identification number

14-1719016

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

Schedule B (Form 990) (2021)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ABBOTT HOUSE 100 NORTH BROADWAY IRVINGTON, NY 10533	\$ 215,897.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AECI II NYC CHARTER HIGH SCHOOL 116 EAST 169TH STREET BRONX, NY 10452	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ANHD 50 BROAD ST # 1402 NEW YORK, NY 10004	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BRONX COMMUNITY - ORGANIZING HUB 557 GRAND CONCOURSE STE 3, #125 BRONX, NY 10451	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CHARINA ENDOWMENT FUND INC 375 PARK AVE NEW YORK, NY 10152	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	COUNSELING IN SCHOOLS 505 EIGHTH AVENUE, SUITE 12A-06 NEW YORK, NY 10018	\$ 24,997.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CUNY 217 EAST 42ND STREET NEW YORK, NY 10017	\$ 74,239.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DEPARTMENT OF YOUTH & COMMUNITY DEVELOPMENT 161 WILLIAMS ST NEW YORK, NY 10038	\$ 2,186,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	EDWARD W. HAZEN FOUNDATION 476 BERGEN ST., #2 BROOKLYN, NY 11217	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	FUND FOR PUBLIC SCHOOLS 52 CHAMBERS ST NEW YORK, NY 10007	\$ 21,564.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	GLOBAL HUMANITARIA 222 BROADWAY NEW YORK, NY 10038	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	GOOD SHEPHERD 305 7TH AVENUE, 9TH FLOOR NEW YORK, NY 10001	\$ 29,285.	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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	HAGEDORN FUND - JPMORGAN CHASE BANK, N.A. PRIVATE FOUNDATION SERVICES 270 PARK AVENUE, NY1-K348 NEW YORK, NY 10017	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	LEGAL SERVICES NYC 40 WORTH STREET, SUITE 606 NEW YORK, NY 10013	\$ 118,816.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	M&T BANK 350 PARK AVENUE, 6TH FLOOR NEW YORK, NY 10022	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	MERINGOFF FAMILY FOUNDATION 30 W 26TH ST FL 8 NEW YORK, NY 10010	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	MERTZ GILMORE FOUNDATION 218 E 18TH ST NEW YORK, NY 10003	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD SUITE 1200 JENKINTOWN, PA 19046	\$ 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 CRENULATED COMPANY, LTD.	Employer identification number 14-1719016
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	NEW VENTURE FUND 1828 L STREET NW SUITE 300A WASHINGTON, DC 20036	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	NEW YORK STATE DEPARTMENT OF EDUCATION 89 WASHINGTON AVE ALBANY, NY 12234	\$ 736,681.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	NIKE 15400 SW KOLL PKWY BEAVERTON, OR 97006	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	NORTH STAR FUND 520 8TH AVENUE, SUITE 1800 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.)
23	NY COMMUNITY TRUST 909 3RD AVE NEW YORK, NY 10022	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	NY FOUNDATION 150 W 30TH ST NEW YORK, NY 10001	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	NYC DEPARTMENT OF HOUSING PRESERVATION & DEVPT 100 GOLD ST NEW YORK, NY 10038	\$ 330,573.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	NYC GREEN FUND 14 E 60TH ST 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	NYS DEPT OF AGRICULTURE & MARKETS 10B AIRLINE DRIVE ALBANY, NY 12235	\$ 80,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	NYS OFFICE OF CHILDREN & FAMILY SERVICES 52 WASHINGTON STREET RENSSELAER, NY 12144-2834	\$ 208,606.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	NYS OFFICE OF CHILDREN AND FAMILY SERVICES -GUN VIOLENCE INITIATIVE 52 WASHINGTON STREET RENSSELAER, NY 12144	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	PINKERTON FOUNDATION 610 FIFTH AVENUE, SUITE 316 NEW YORK, NY 10020	\$ 266,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	RIGHT TO A ROOF 301 GROVE STREET BROOKLYN, NY 11237	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	ROBIN HOOD FOUNDATION 826 BROADWAY, 9TH FLOOR NEW YORK, NY 10003	\$ 515,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	RTC 14 CHESHAM WAY FAIRPORT, NY 14450	\$ 72,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	SCHERMAN FOUNDATION 16 E 52ND ST STE 601 NEW YORK, NY 10022	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	SMPS FAMILY FUND 625 NORTH WASHINGTON STREET ALEXANDRIA, VA 22314	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	STERLING 1600 SIDNEY AVE STERLING, CO 80751	\$ 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 CRENULATED COMPANY, LTD.	Employer identification number 14-1719016
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	TAKEROOT / UJC COMMUNITY DEV 123 WILLIAM ST 16TH FL NEW YORK, NY 10038	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	THE CHARLES HAYDEN FOUNDATION 140 BROADWAY NEW YORK, NY 10005	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	THE NEW YANKEE STADIUM 555 BERGEN AVE # 403 BRONX, NY 10455	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	THE PRICE FAMILY FOUNDATION 909 THIRD AVENUE, 33RD FL NEW YORK, NY 10022	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	TIDES P.O. BOX 889397 LOS ANGELES, CA 90088	\$ 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	UNH 45 BROADWAY SUITE 2210 NEW YORK, NY 10006	\$ 43,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	US DEPARTMENT OF LABOR JFK FEDERAL BUILDING - E350 BOSTON, MA 02203	\$ 647,036.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	US SMALL BUSINESS ADMINISTRATION 409 3RD ST SW WASHINGTON, DC 20416	\$ 1,198,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	WASHINGTON SQUARE FUND CO SPIEGLER 54-17 31ST AVE NO 30 WOODSIDE, NY 11377	\$ 25,000.	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.)

Name of organization THE CRENLATED COMPANY, LTD.	Employer identification number 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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization THE CRENULATED 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 info. once.) ▶ \$ _____
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

(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 C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		36,050.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			36,050.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION PAID \$36,050 FOR NYS AND MUNICIPAL GOVERNMENT LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		607,038.	159,877.	447,161.
e Other		132,573.	13,847.	118,726.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				565,887.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATE	4,793,632.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,793,632.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATE	5,042,804.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,042,804.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,442,755.
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	0.
3	Subtract line 2e from line 1	3	10,442,755.
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.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,442,755.

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	10,253,167.
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	0.
3	Subtract line 2e from line 1	3	10,253,167.
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.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,253,167.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE COMPANY HAS APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ("IRS") TO BE TREATED AS A TAX-EXEMPT ENTITY PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2022. DUE TO ITS TAX-EXEMPT STATUS, THE COMPANY IS NOT SUBJECT TO INCOME TAXES. THE COMPANY IS REQUIRED TO FILE AND DOES FILE INFORMATIONAL RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES, AND THE COMPANY HAS NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. INFORMATIONAL RETURNS FILED BY THE COMPANY ARE SUBJECT TO EXAMINATION BY THE IRS FOR A PERIOD OF THREE YEARS. WHILE NO INFORMATIONAL RETURNS ARE CURRENTLY BEING

Part XIII Supplemental Information *(continued)*

EXAMINED BY THE IRS, TAX YEARS SINCE 2019 REMAIN OPEN.

Multiple horizontal lines for supplemental information.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization 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? [X] Yes [] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance.

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

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

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPENDS	297	217,854.	0.		

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:

THE COMPANY AND ITS BOARD 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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **THE CRENULATED COMPANY, LTD.** Employer identification number: **14-1719016**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> 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 on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input 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 |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALEXA SEWELL VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	267,375.	0.	0.	6,000.	30,268.	303,643.	0.
(2) RIGAUD NOEL EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	186,331.	0.	0.	0.	0.	186,331.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THE CRENULATED COMPANY, LTD.

Employer identification number

14-1719016

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

PROGRAMS THROUGH ITS AFFILIATED ORGANIZATION THAT OWNS A COMMUNITY
CENTER. IT ALSO CONTINUES ITS MISSION TO PROVIDE SUPPORT TO RELATED
ENTITIES THAT OPERATE AND MANAGE AFFORDABLE HOUSING FOR LOW AND
MODERATE INCOME FAMILIES.

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

OUTDOOR ADVENTURES AND THE ARTS THROUGH A RELATED ENTITY THAT OWNS A
COMMUNITY CENTER IN THE BRONX, NEW YORK. THE ORGANIZATION PROVIDES
SUPPORT FOR AFFORDABLE HOUSING PROJECTS, THROUGH THEIR OWNED AND
OPERATED BY ITS RELATED ENTITIES.

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

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, SECTION B, LINE 12C:

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

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

DIRECTORS SIGN A STATEMENT ACKNOWLEDGING THE POLICY.

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

THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL EXECUTIVE COMPENSATION CONTRACTS.

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

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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **THE CRENLATED 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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
1415 WYTHE HOUSING DEVELOPMENT FUND CORPORATION - 84-1971137, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	7	SETTLEMENT HOUSING FUND, INC.		X
287 HDPC - 46-1958016 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
301 HDPC - 46-2592248 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
BROOKSET HDPC - 06-1622109 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X

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

Schedule R (Form 990) 2021

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) Section 512(b)(13) controlled organization?	
						Yes	No
NEW HULL STREET HOUSING DEVELOPMENT FUND COMPANY INC - 13-3607310, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
NEW SETTLEMENT COMMUNITY CAMPUS CORP - 20-3590089, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	COMMUNITY CENTER	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
NEWSET II HDFC - 13-4101214 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
SEMIPERM HOUSING DEVELOPMENT FUND CORPORATION - 13-4333566, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 11233	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
SETTLEMENT HOUSING FUND, INC. - 23-7078882 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	N/A		X
SHUHAB HOUSING DEVELOPMENT FUND CORPORATION - 02-0614246, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
THE ST. JOHN'S PLACE FAMILY CENTER HDFC - 13-3441465, 1630 ST. JOHN'S PLACE, BROOKLYN, NY 11233	HOUSING TO HOMELESS	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
THE ST. JOHN'S PLACE FAMILY CTR DAY CARE - 11-3557478, 1630 ST. JOHN'S PLACE, BROOKLYN, NY 11233	DAY CARE	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
TWO BRIDGES SETTLEMENT HOUSING CORPORATION - 90-0681659, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	10	SETTLEMENT HOUSING FUND, INC.		X
TWO BRIDGESET HOUSING DEVELOPMENT FUND COMPANY INC - 13-3686755, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
1561 ASSOCIATES LLC - 47-3808952, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
1561 DEVELOPER LLC - 47-4174533, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
1561 MM LLC - 47-3819267 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
1615 ST. JOHN'S PL, LP - 01-0571702, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
1340 STRATFORD HOUSING COMPANY, INC. - 81-4420309, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
1561 HDFC - 47-3687097 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
1615 ST. JOHN'S PLACE, INC. - 01-0571702 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
18TH STREET FULTON HDFC - 81-4485652 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
2605 GC HDFC - 47-4657709 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X

Schedule R (Form 990)

THE CRENLATED COMPANY, LTD.

14-1719016

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) Disproportion- ate 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	
MARCY BAER ASSOCIATES, L.P. - 13-3727276, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NSA 2015 LLC - 47-5198095 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NSA 2015 MM LLC - 38-3985769 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NSA 2015 OWNER LLC - 81-0859460, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
ST. LUCY SHF LLC - 81-2245121 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TWO BRIDGESET ASSOCIATES LP - 13-3826946, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
BEECH SET LLC - 83-0686217 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TWIN PARKS TERRACE LLC - 83-3296511, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TP DEVELOPER LLC - 84-1898691, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A

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) Disproportion- ate 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	
TP MM LLC - 84-1907180 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NSA ADMIN LLC - 85-4209340 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SHF TWIN PARKS TERRACE LLC - 84-3065740, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HARLEM RIVER PRESERVATION HTC LLC - 85-0981785, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HARLEM RIVER PRESERVATION LLC - 85-0991644, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HARLEM RIVER PRESERVATION MM LLC - 85-1021032, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SHF WHGA HRP LLC - 85-1025945 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TWIN PARKS TERRACE MASTER TENANT LLC - 85-4284006, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SHF TPT MASTER TENANT LLC - 85-4302407, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A

Schedule R (Form 990)

THE CRENLATED COMPANY, LTD.

14-1719016

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
2BT HDFC - 47-5321215 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
477 LENOX HDFC - 81-2957903 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
ANDREWS/KELLEY HDFC - 47-3699333 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
CROSSROADS I HDFC - 47-2518606 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
CROSSROADS II HDFC - 46-4085594 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
FIRST WOMEN'S DEVELOPMENT CORP - 13-3088328 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	INACTIVE	NY	N/A	C CORP	N/A	N/A	N/A		X
FOX-SIMPSON HDFC - 81-1516630 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
FRENCH APTS HDFC - 47-5571044 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
JAMSTA II HDFC - 47-4047789 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
MARCY BAER, INC. - 13-3727272 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
MARINE TERRACE HDFC - 81-2059919 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
MONTEREY HOUSING DEVELOPMENT FUND CORP - 47-0967004, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X

Schedule R (Form 990)

THE CRENULATED COMPANY, LTD.

14-1719016

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
NSA 2015 HDFC - 47-5605519 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
PARK TOWERS HDFC - 94-3462782 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
SEAVIEW C HDFC - 47-4654587 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
SITE 2 DSA HDFC - 47-3992246 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
SITE 5 DSA HDFC - 47-4085659 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
SITE 6 DSA HDFC - 47-4636290 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
SITE 8 DSA HDFC - 81-4713076 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
STB HDFC - 81-1665354 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
STEVENSON COMMONS HOUSING COMPANY, INC. - 81-3215276, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
TWO BRIDGESET TOWERS, INC. - 13-3849582 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
841 HDFC - 82-0954303 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
ST LUCYS HDFC - 82-1032727 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X

Schedule R (Form 990)

THE CRENULATED COMPANY, LTD.

14-1719016

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
STEVENS ON COMMONS HD FC - 82-1852928 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
CATON FLATS HD FC - 82-1937186 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
GRAND CROSSING HD FC - 82-1955841 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
GRAND APTS HD FC - 82-2117430 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
TIFFANY HD FC - 82-2496133 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
CAROL HD FC - 82-2455264 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
CAROL HOUSING COMPANY, INC. - 82-2464921 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
VISION HD FC - 82-2509992 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BGNII HD FC - 82-3153200 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
WESTBRIDGE HD FC - 82-3244871 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
HALLETT S BUILDING 7 HD FC - 82-3397456 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
TREMONT HD FC - 82-4040672 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X

Schedule R (Form 990)

THE CRENULATED COMPANY, LTD.

14-1719016

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
1314 SENECA HDFC - 82-4476713 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BSC HDFC - 82-4575407 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BSC HOUSING COMPANY, INC. - 82-4675757 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
RIVERWALK 8 HDFC - 82-4739416 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
JAMAICA II HDFC - 82-5111117 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
CONEY ISLAND PHASE 1 HDFC - 83-0540836 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
TRIPLE HDFC - 83-1721883 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BEDFORD COURTS III HDFC - 83-1739027 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BEDFORD COURTS II HDFC - 83-1911352 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BROWNSVILLE LIVONIA SOUTH HDFC - 83-2696865 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BEDFORD COURTS LOCAL DEVELOPMENT CORPORATION - 83-2811905, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
WEST FARMS PRESERVATION HDFC - 83-2806356 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X

Schedule R (Form 990)

THE CRENLATED COMPANY, LTD.

14-1719016

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
740 CRANFORD HDFC - 83-3596369 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
2340 BEAUMONT HDFC - 83-3621827 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
916 POLITE HDFC - 83-3862983 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
HARLEN HDFC - 83-3847875 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
CONEY ISLAND PHASE 2 HDFC - 83-4373165 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
1414 WALTON HDFC - 84-1957395 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
ST. ANNS PORTFOLIO HDFC - 84-2375953 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
EVERGREEN TIEBOUT HDFC - 84-2406520 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
COURT CARROLL SACKETT HDFC - 84-2422455 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
TWIN PARKS TERRACE HDFC - 84-2509378 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
311 10TH AVENUE HDFC - 84-2561339 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BAY TOWERS PRESERVATION HOUSING COMPANY, INC. - 84-2787414, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X

Schedule R (Form 990)

THE CRENLATED COMPANY, LTD.

14-1719016

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
BAY TOWERS PRESERVATION HDFC - 84-2851953 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
SHF WEEKSVILLE HDFC - 84-3087008 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
2257 GRAND HDFC - 84-3099038 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
TOWER WEST HDFC - 84-3119723 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
RAHF IV TOWER WEST HOUSING COMPANY, INC. - 84-3131831, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
RIVER CROSSING OWNER HDFC - 84-3285715 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
HERITAGE HOLDINGS HDFC - 84-3300259 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
MILES PARKER OWNER HDFC - 84-3312242 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
ROOSEVELT LANDINGS OWNER HDFC - 84-3389730 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
123 WEST 183 HDFC - 84-3409838 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
27 BED STUY HDFC - 84-3907649 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
GOODWILL INDUSTRIES HOUSING COMPANY, INC. - 11-2224215, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X

Schedule R (Form 990)

THE CRENLATED COMPANY, LTD.

14-1719016

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
JELB WEBSTER HDFC - 84-4240639 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
ASTORIA TOWERS HDFC - 84-4253885 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
125 W 125TH STREET LOCAL DEVELOPMENT CORPORATION - 84-4820838, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
125 W 125TH STREET HDFC - 84-5180049 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
125 W 125TH STREET II LOCAL DEVELOPMENT CORPORATION - 85-0626509, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
270 WEST 96TH STREET HDFC - 85-0898630 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
148 BROOK HDFC - 85-2892432 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BROOK AND BROWN HDFC - 85-3472214 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
THESS HDFC - 85-3628886 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
GRANT DEVELOPMENT HDFC - 86-1311910 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
FORT GEORGE HDFC - 86-1278521 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
HARLEM RIVER PRESERVATION HDFC - 87-1266582 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	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
STANLEY AVENUE PRESERVATION HDFC - 87-1359469, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
SHERMAN CLUSTER HDFC - 87-1395489 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
RISLEY DENT APARTMENTS HDFC - 87-1412640 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
1018 EAST 163RD STREET HDFC - 87-2011380 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
REVIVE 103 HDFC - 87-2029878 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
1971 GRAND HDFC - 87-2043378 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
2060 PITKIN HDFC - 87-2100034 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
TRIBORO 2059 HDFC - 87-3141567 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
BRONX PORTFOLIO PRESERVATION HDFC - 87-3202899, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

