

BOWERY RESIDENTS' COMMITTEE, INC.
FORM 990
TAX YEAR 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 2021

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>BOWERY RESIDENTS' COMMITTEE, INC.</u>			D Employer identification number <u>13-2736659</u>	
	Doing Business As <u>BRC</u>			E Telephone number <u>(212) 803-5700</u>	
	Number and street (or P.O. box if mail is not delivered to street address) <u>131 WEST 25TH STREET, 12TH FLOOR</u>		Room/suite		
	City or town, state or province, country, and ZIP or foreign postal code <u>NEW YORK, NY 10001</u>				
F Name and address of principal officer: <u>LAWRENCE ROSENBLATT</u> <u>131 WEST 25TH STREET 12 FLOOR, NEW YORK, NY 10001</u>			G Gross receipts \$ <u>134,381,717.</u>		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J Website: <u>WWW.BRC.ORG</u>			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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: <u>1973</u> M State of legal domicile: <u>NY</u>		
H(c) Group exemption number ▶					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>HELPING PEOPLE RECLAIM LIVES LOST: WE RESTORE HOPE AND DIGNITY BY OFFERING OPPORTUNITIES FOR HEALTH AND SELF-SUFFICIENCY.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u> 19.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> 19.		
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<u>5</u> 1,290.		
	6 Total number of volunteers (estimate if necessary)	<u>6</u> 1,250.		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u> 0.		
7b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u> 0.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>89,263,891.</u>	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>9,175,887.</u>	<u>123,842,117.</u>	<u>9,006,959.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>61,564.</u>	<u>10,482.</u>	<u>1,463,594.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>1,450,144.</u>	<u>99,951,486.</u>	<u>134,323,152.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>99,951,486.</u>		
	COPY FOR PUBLIC INSPECTION			
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>0.</u>	<u>0.</u>	<u>0.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>	<u>0.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>58,313,581.</u>	<u>61,225,445.</u>	<u>18,750.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>18,750.</u>	<u>0.</u>	<u>0.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>734,937.</u>			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>41,902,034.</u>	<u>70,466,732.</u>	<u>100,234,365.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>100,234,365.</u>	<u>131,692,177.</u>		
19 Revenue less expenses. Subtract line 18 from line 12	<u>-282,879.</u>	<u>2,630,975.</u>		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>50,040,989.</u>	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>34,593,499.</u>	<u>71,975,158.</u>	<u>53,896,693.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>15,447,490.</u>	<u>18,078,465.</u>	

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <u>AARON SHAPIRO</u>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P01333816</u>
	Firm's name ▶ <u>BKD, LLP</u>	Firm's EIN ▶ <u>44-0160260</u>		Phone no. <u>212.867.4000</u>	
	Firm's address ▶ <u>1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036</u>				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

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 \$ 49,060,485. including grants of \$) (Revenue \$)

ATTACHMENT 2

4b (Code:) (Expenses \$ 42,330,240. including grants of \$) (Revenue \$)

ATTACHMENT 3

4c (Code:) (Expenses \$ 13,234,874. including grants of \$) (Revenue \$ 1,372,487.)

ATTACHMENT 4

4d Other program services (Describe on Schedule O.) ATTACHMENT 5
(Expenses \$ 12,152,168. including grants of \$) (Revenue \$ 7,853,973.)

4e Total program service expenses ▶ 116,777,767.

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 Revenue Procedure 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)

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

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 []

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 1,290		
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? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the 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? 15 If "Yes," see instructions and file Form 4720, Schedule N.		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

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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.
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

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 X

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

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

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

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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAWRENCE ROSENBLATT CEO/PRESIDENT	37.50 1.00			X				341,779.	0.	45,175.
(2) ANGELA KEDZIOR CHIEF MEDICAL OFFICER	37.50 0.					X		311,593.	0.	22,398.
(3) DAVID TATUM CHIEF PROGRAM OFFICER	37.50 0.				X			261,516.	0.	59,945.
(4) ROSALBA MESSINA CHIEF FINANCIAL OFFICER	37.50 1.00			X				270,318.	0.	35,654.
(5) S.M. ANWAR AHMED PSYCHIATRIST	37.50 0.					X		232,465.	0.	31,585.
(6) AJAY GOYAL MEDICAL DIRECTOR OF OUTPATIENT	37.50 0.					X		242,511.	0.	19,293.
(7) ARJUN VISWANATHAN PSYCHIATRIC NURSE PRACTITIONER	37.50 0.					X		228,832.	0.	16,382.
(8) MAHALIA PREVILUS MEDICAL DIR.-SUBSTANCE ABUSE	37.50 0.					X		218,019.	0.	20,141.
(9) JULIE SALAMON CHAIR	4.00 1.00	X		X				0.	0.	0.
(10) RICHARD SWANSON VICE CHAIR	4.00 1.00	X		X				0.	0.	0.
(11) LAWRENCE F. GRAHAM VICE CHAIR	4.00 1.00	X		X				0.	0.	0.
(12) MARCY E. WILKOV VICE CHAIR	4.00 1.00	X		X				0.	0.	0.
(13) MATTHEW SIROVICH TREASURER	4.00 1.00	X		X				0.	0.	0.
(14) ANTONIO X. MOLESTINA SECRETARY	4.00 1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ROSE OSTROW ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
(16) PHILIP R. PITRUZZELLO ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
(17) DANNY BLOOM ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
(18) RICHARD EADDY ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
(19) TODD R. SNYDER ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
(20) KATHRYN STOKES ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
(21) JULIA HODGSON ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
(22) LESLIE WILDES ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
(23) SIMON MILLER ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
(24) CHANCE MORRISON ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
(25) STEVEN M. SAFYER, MD ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							2,107,033.	0.	250,573.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,107,033.	0.	250,573.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 34

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 10

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) BROUCK AMERGA ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(27) DEVON LAWRENCE ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 34

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	914,789.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	116,946,536.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,980,792.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 117,725.				
	h	Total. Add lines 1a-1f		123,842,117.				
	Program Service Revenue				Business Code			
2a		MEDICAID		624200	5,753,665.	5,753,665.		
b		PROGRAM FEES		624200	1,881,578.	1,881,578.		
c		RENTAL INCOME		532000	1,371,716.	1,371,716.		
d								
e								
g		Total. Add lines 2a-2f			9,006,959.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			10,482.		10,482.	
	4	Income from investment of tax-exempt bond proceeds			0.			
	5	Royalties			0.			
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
					151,459.			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c		151,459.			
	d	Net rental income or (loss)			151,459.		151,459.	
	7a	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)			0.			
8a	Gross income from fundraising events (not including \$ 914,789. of contributions reported on line 1c). See Part IV, line 18	8a			0.			
			8b		58,565.			
			c	Net income or (loss) from fundraising events.		-58,565.		-58,567.
9a	Gross income from gaming activities. See Part IV, line 19	9a			0.			
			9b		0.			
			c	Net income or (loss) from gaming activities.		0.		
10a	Gross sales of inventory, less returns and allowances	10a			0.			
			10b		0.			
			c	Net income or (loss) from sales of inventory.		0.		
Miscellaneous Revenue				Business Code				
	11a	DEVELOPMENT FEES		900099	723,750.		723,750.	
	b	MANAGEMENT FEES		541610	140,960.		140,960.	
	c	MISCELLANEOUS		900099	505,990.		505,990.	
	d	All other revenue						
e	Total. Add lines 11a-11d			1,370,700.				
12	Total revenue. See instructions			134,323,152.	9,006,959.		1,474,074.	

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	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,082,863.		1,082,863.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	49,332,285.	43,388,248.	5,494,684.	449,353.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,016,888.	901,144.	105,771.	9,973.
9 Other employee benefits	9,636,283.	8,403,863.	1,139,416.	93,004.
10 Payroll taxes	157,126.	134,952.	20,681.	1,493.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	334,720.	284,512.	50,208.	
c Accounting	153,960.		153,960.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 7	18,865,334.	17,464,387.	1,391,638.	9,309.
12 Advertising and promotion	0.			
13 Office expenses	3,050,596.	2,770,185.	220,408.	60,003.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	36,526,867.	35,871,528.	612,286.	43,053.
17 Travel	54,474.	30,532.	23,805.	137.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	174,016.	107,018.	66,695.	303.
20 Interest	99,591.	33,800.	65,791.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,331,068.	561,539.	769,529.	
23 Insurance	2,264,744.	1,564,108.	644,258.	56,378.
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 CLIENT EXPENSE	2,399,736.	2,395,993.	3,556.	187.
b FOOD	2,864,672.	2,864,672.		
c BAD DEBT	2,091,158.		2,091,158.	
d MISCELLANEOUS	255,796.	1,286.	242,766.	11,744.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	131,692,177.	116,777,767.	14,179,473.	734,937.
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)	0.			

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	32,366.	1	35,129.
	2 Savings and temporary cash investments	5,141,639.	2	6,292,916.
	3 Pledges and grants receivable, net	959,974.	3	1,116,046.
	4 Accounts receivable, net.	16,117,837.	4	33,104,248.
	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	0.	5	0.
	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).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	914,873.	9	1,562,920.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 45,447,483.		
	b Less: accumulated depreciation	10b 17,789,652.	24,668,232.	10c 27,657,831.
	11 Investments - publicly traded securities.	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	100.	12	100.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	2,205,968.	15	2,205,968.
16 Total assets. Add lines 1 through 15 (must equal line 33)	50,040,989.	16	71,975,158.	
Liabilities	17 Accounts payable and accrued expenses	13,881,265.	17	24,359,320.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	325,234.	19	2,198,565.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	4,041,559.	23	14,671,231.
	24 Unsecured notes and loans payable to unrelated third parties.	5,000,000.	24	1,500,000.
	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	11,345,441.	25	11,167,577.
	26 Total liabilities. Add lines 17 through 25.	34,593,499.	26	53,896,693.
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	14,814,495.	27	16,879,168.
	28 Net assets with donor restrictions.	632,995.	28	1,199,297.
	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	15,447,490.	32	18,078,465.	
33 Total liabilities and net assets/fund balances.	50,040,989.	33	71,975,158.	

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	134,323,152.
2	Total expenses (must equal Part IX, column (A), line 25)	2	131,692,177.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,630,975.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,447,490.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
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	18,078,465.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

BOWERY RESIDENTS' COMMITTEE, INC.

Employer identification number

13-2736659

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2020

JSA
0E1210 0.030

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	65,466,364.	72,698,560.	79,660,336.	89,263,891.	123,842,117.	430,931,268.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	65,466,364.	72,698,560.	79,660,336.	89,263,891.	123,842,117.	430,931,268.
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).						0.
6 Public support. Subtract line 5 from line 4						430,931,268.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	65,466,364.	72,698,560.	79,660,336.	89,263,891.	123,842,117.	430,931,268.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	128,685.	129,339.	133,177.	198,070.	161,941.	751,212.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	1,868,232.	3,990,825.	4,332,233.	1,419,228.	1,370,700.	12,981,218.
11 Total support. Add lines 7 through 10						444,663,698.
12 Gross receipts from related activities, etc. (see instructions)					12	46,314,006.
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 2020 (line 6, column (f), divided by line 11, column (f))	14	96.91%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	96.26%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in 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 in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 in 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>):	1e	
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 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
CULINARY FEES	1,621,727.	1,658,777.				3,280,504.
DEVELOPMENT FEES		1,279,823.	4,206,186.	807,186.	723,750.	7,016,945.
OTHER	122,091.	883,544.		490,857.	505,990.	2,002,482.
MANAGEMENT FEES	124,414.	168,681.	126,047.	121,185.	140,960.	681,287.
TOTALS	<u>1,868,232.</u>	<u>3,990,825.</u>	<u>4,332,233.</u>	<u>1,419,228.</u>	<u>1,370,700.</u>	<u>12,981,218.</u>

Schedule of Contributors

2020

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

Name of the organization BOWERY RESIDENTS' COMMITTEE, INC.	Employer identification number 13-2736659
---	--

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **BOWERY RESIDENTS' COMMITTEE, INC.**

Employer identification number
13-2736659

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	N/A	\$ 95,801,053.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 11,105,924.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 6,724,850.	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 **BOWERY RESIDENTS' COMMITTEE, INC.**

Employer identification number

13-2736659

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 **BOWERY RESIDENTS' COMMITTEE, INC.**

Employer identification number
13-2736659

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
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 D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

BOWERY RESIDENTS' COMMITTEE, INC.

13-2736659

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: Description, 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: Description, Amount. 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.

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

Schedule D (Form 990) 2020

JSA 0E1268 1.000

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,020,002.		1,020,002.
b Buildings		26,814,097.	8,993,904.	17,820,193.
c Leasehold improvements		5,393,268.	4,547,762.	845,506.
d Equipment		4,772,236.	4,247,986.	524,250.
e Other		7,447,880.		7,447,880.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				27,657,831.

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. (Column (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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	6,964,712.
(3) DUE TO AFFILIATES	3,702,865.
(4) DUE TO GOV'T AGENCIES	500,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

AMOUNTS REPORTED BY OTHER ENTITIES ON CONSOLIDATED FINANCIAL STATEMENTS:

\$3,038,907

SCHEDULE D, PART XII, LINE 2D

AMOUNTS REPORTED BY OTHER ENTITIES ON CONSOLIDATED FINANCIAL STATEMENTS:

\$3,731,657

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		VIRTUAL GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	914,789.			914,789.
	2 Less: Contributions	914,789.			914,789.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	58,565.			58,565.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				58,565.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-58,565.

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

BOWERY RESIDENTS' COMMITTEE, INC.

Employer identification number

13-2736659

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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LAWRENCE ROSENBLATT CEO/PRESIDENT	(i)	340,262.	0.	1,517.	11,400.	33,775.	386,954.	
	(ii)	0.	0.	0.	0.	0.	0.	
2 ROSALBA MESSINA CHIEF FINANCIAL OFFICER	(i)	269,157.	0.	1,161.	11,198.	24,456.	305,972.	
	(ii)	0.	0.	0.	0.	0.	0.	
3 ANGELA KEDZIOR CHIEF MEDICAL OFFICER	(i)	310,231.	0.	1,362.	11,400.	10,998.	333,991.	
	(ii)	0.	0.	0.	0.	0.	0.	
4 AJAY GOYAL MEDICAL DIRECTOR OF OUTPATIENT	(i)	242,313.	0.	198.	9,535.	9,758.	261,804.	
	(ii)	0.	0.	0.	0.	0.	0.	
5 ARJUN VISWANATHAN PSYCHIATRIC NURSE PRACTITIONER	(i)	228,732.	0.	100.	5,384.	10,998.	245,214.	
	(ii)	0.	0.	0.	0.	0.	0.	
6 S.M. ANWAR AHMED PSYCHIATRIST	(i)	230,968.	0.	1,497.	9,589.	21,996.	264,050.	
	(ii)	0.	0.	0.	0.	0.	0.	
7 MAHALIA PREVILUS MEDICAL DIR.-SUBSTANCE ABUSE	(i)	217,727.	0.	292.	8,901.	11,240.	238,160.	
	(ii)	0.	0.	0.	0.	0.	0.	
8 DAVID TATUM CHIEF PROGRAM OFFICER	(i)	259,702.	0.	1,814.	11,357.	48,588.	321,461.	
	(ii)	0.	0.	0.	0.	0.	0.	
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

BOWERY RESIDENTS' COMMITTEE, INC.

Employer identification number

13-2736659

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5.	117,725.	MARKET QUOTATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2020

JSA

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

SCHEDULE M, PART I, COLUMN B

BRC IS REPORTING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, PART I, LINE 32B

BRC HAS AN AGREEMENT WITH UBS FINANCIAL SERVICES INC. FOR SALES OF
DONATED SHARES.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BOWERY RESIDENTS' COMMITTEE, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

13-2736659

FORM 990, PART III, LINE 4D

TREATMENT SERVICES - BRC OPERATES THREE SUPPORTED COMMUNITY RESIDENCES WITH A COMBINED CAPACITY OF 104 BEDS AND A 92-BED SUPPORTIVE APARTMENT TREATMENT PROGRAM, ALL FOR FORMERLY HOMELESS CLIENTS LIVING WITH MENTAL ILLNESS AND SUBSTANCE USE AND WHO NEED CONTINUING SUPPORT TO LIVE IN A COMMUNITY SETTING. ALL OF THESE PROGRAMS ARE LICENSED THROUGH THE NYS OFFICE OF MENTAL HEALTH. IN FY21, THESE PROGRAMS SERVED 259 INDIVIDUALS, INCLUDING 62 PEOPLE WHO MOVED ON TO MORE INDEPENDENT HOUSING. IN ADDITION, BRC OPERATES TWO SUBSTANCE ABUSE TREATMENT PROGRAMS LICENSED BY NYS OFFICE OF ADDICTION SERVICES AND SUPPORTS. BRC'S FRED COOPER SUBSTANCE ABUSE SERVICE CENTER (SASC) PROVIDES THE SETTING AND SUPPORT NECESSARY FOR SUBSTANCE ABUSERS WITH COMPLICATED TREATMENT HISTORIES TO ATTAIN LONG-TERM RECOVERY AND STABILITY IN THEIR LIVES. SASC SERVED 329 INDIVIDUALS IN FY21. BRC'S 32- BED CHEMICAL DEPENDENCY CRISIS CENTER (CDCC) PROVIDES INPATIENT REHABILITATION AND STABILIZATION SERVICES THAT HELP THOSE WITH CHEMICAL ADDICTION BEGIN THEIR RECOVERY FROM SUBSTANCE USE AND TAKE THE NEXT STEP TOWARD LONG-TERM STABILITY. IN FY21, CDCC SERVED 286 INDIVIDUALS, WITH 93% OF ADMISSIONS COMPLETING TREATMENT AT THE PROGRAM AND MOVING ON TO THE NEXT STEP IN THEIR RECOVERY. BRC ALSO OPERATES A CARE COORDINATION PROGRAM, OFFERING COMPREHENSIVE CASE MANAGEMENT SERVICES TO A CASELOAD OF 130 INDIVIDUALS DIAGNOSED WITH MENTAL ILLNESS, MANY ALSO WITH A HISTORY OF SUBSTANCE ABUSE AND/OR HOMELESSNESS. IN FY21, BRC CARE COORDINATION SERVED 144 INDIVIDUALS MENTAL ILLNESS, MANY ALSO WITH A HISTORY OF SUBSTANCE ABUSE AND/OR

Name of the organization BOWERY RESIDENTS' COMMITTEE, INC.	Employer identification number 13-2736659
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HOMELESSNESS. IN FY21, BRC CARE COORDINATION SERVED 144 INDIVIDUALS.

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

THE DRAFT FORM 990 WAS REVIEWED BY THE CONTROLLER AND CFO. ANY QUESTIONS WERE DISCUSSED AND RESOLVED WITH THE PREPARER. THE 990 WAS THEN PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE FILING WITH THE IRS.

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

CONFLICT OF INTEREST STATEMENTS ARE SIGNED BY OFFICERS AND KEY EMPLOYEES PRIOR TO HIRE, AND SIGNED BY BOARD MEMBERS PRIOR TO JOINING THE BOARD, AND ANNUALLY THEREAFTER. THE AUDIT COMMITTEE OF THE BOARD REVIEWS EACH REPORTED POTENTIAL CONFLICT OF INTEREST AND REPORTS ITS RECOMMENDATIONS TO THE FULL BOARD FOR APPROVAL. IF A CONFLICT OF INTEREST ARISES, THE MATTER MAY BE REMEDIED VIA RECUSAL OR DISQUALIFICATION OF THE BOARD MEMBER. THIS SIMPLY MEANS THAT THE BOARD MEMBER DOES NOT PARTICIPATE IN THE MATTER THAT POSES THE CONFLICT OF INTEREST. IN THE EVENT OF A VIOLATION OF THE CONFLICT OF INTEREST POLICY, THE ORGANIZATION RESERVES THE RIGHT TO IMMEDIATELY DISMISS THE EMPLOYEE OR BOARD MEMBER OF INTEREST.

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

A BRC BOARD COMMITTEE REVIEWS COMPARABLE DATA FROM THE ECONOMIC RESEARCH INSTITUTE IN DETERMINING COMPENSATION FOR THE CEO. DELIBERATION IS PERFORMED AND A DECISION IS MADE IN A CLOSED-DOOR MEETING. THIS PROCESS WAS LAST UNDERTAKEN FOR LAWRENCE ROSENBLATT, CEO, ON JULY 1, 2018.

Name of the organization BOWERY RESIDENTS' COMMITTEE, INC.	Employer identification number 13-2736659
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FORM 990, PART VI, SECTION B, LINE 15B

A BRC BOARD COMMITTEE REVIEWS COMPARABLE DATA FROM THE ECONOMIC RESEARCH INSTITUTE IN DETERMINING COMPENSATION FOR THE CFO AND CHIEF PROGRAM OFFICER. DELIBERATION IS PERFORMED AND A DECISION IS MADE IN A CLOSED-DOOR MEETING. THIS PROCESS WAS LAST UNDERTAKEN FOR DAVID TATUM, CHIEF PROGRAM OFFICER, ON JUNE 30, 2018 AND ROSALBA MESSINA, CFO, ON NOVEMBER 1, 2019.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, THE ORGANIZATION'S FINANCIAL STATEMENTS CAN BE FOUND ON ITS OWN WEBSITE.

FORM 990, PART III

WHILE CERTAINLY NOT IMMUNE TO THE IMPACTS OF THE COVID-19 CRISIS, BRC IS PROUD OF THE SUCCESSFUL EMERGENCY RESPONSE ACTIONS THAT WE IMPLEMENTED FOR OUR CLIENTS, OUR STAFF, AND OUR SECTOR. WE HAVE REMAINED RESILIENT AND OPERATIONAL, AND IT IS IMPORTANT TO NOTE THAT OUR CLIENTS CONTINUE TO ACHIEVE SIGNIFICANT AND POSITIVE OUTCOMES. IN FY21, BRC HAS SERVED 7,463 INDIVIDUALS; BRC'S RESIDENTIAL PROGRAMS REMAIN FULLY OPERATIONAL, HOUSING ON AVERAGE MORE THAN 2,503 PEOPLE PER NIGHT; 4,349 CLIENTS SUCCESSFULLY COMPLETED A BRC PROGRAM, AND 713 PEOPLE MOVED INTO PERMANENT HOUSING.

Name of the organization BOWERY RESIDENTS' COMMITTEE, INC.	Employer identification number 13-2736659
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ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

BRC IS A LEADING PROVIDER OF HOUSING AND SERVICES TO THOUSANDS OF NEW YORK CITY'S NEEDIEST INDIVIDUALS. OFFERING A HAND UP, NOT A HANDOUT, BRC ASKS ONE SIMPLE QUESTION: WHAT CAN WE DO FOR YOU? BRC SEES THE POTENTIAL IN EACH INDIVIDUAL IT SERVES, AND PROVIDES EACH THE OPPORTUNITY TO FIND IT. WHATEVER OUR CLIENTS MAY SEEK, BRC HAS IT, 24/7/365: OUTREACH TO UNSHELTERED PEOPLE LIVING IN PUBLIC SPACES, DRUG TREATMENT, MENTAL HEALTH CARE, COMPREHENSIVE MEDICAL SERVICES, VOCATIONAL SERVICES, AND SUPPORTIVE COMMUNITIES IN WHICH TO LIVE. ALMOST 9,000 TIMES IN 2021, AN INDIVIDUAL IN NEED SAID YES TO BRC AND WALKED THROUGH OUR DOORS; AND OVER 4,300 TIMES, A BRC CLIENT SUCCESSFULLY GRADUATED, AND MOVED FORWARD TO RECLAIM THEIR LIFE. BRC SUCCEEDS BY BUILDING TRUST WITH THE PEOPLE IT SERVES; LISTENING, AND THEN ACTING, PROVIDING HOUSING - BOTH TEMPORARY AND PERMANENT - TO MORE THAN 3,300 INDIVIDUALS DAILY, AND SERVICES THROUGH 30 PROGRAMS LOCATED THROUGHOUT NEW YORK CITY. BUILDING TRUST TAKES TIME, AND A COMPASSIONATE, DEDICATED STAFF OF OVER 1,100 EMPLOYEES AND MORE THAN 1,000 REGISTERED VOLUNTEERS THAT PERSEVERE 24 HOURS A DAY, 365 DAYS OF THE YEAR, NEVER GIVING UP.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

TREATMENT SERVICES - BRC OPERATES THREE SUPPORTED COMMUNITY RESIDENCES WITH A COMBINED CAPACITY OF 104 BEDS AND A 92-BED SUPPORTIVE APARTMENT TREATMENT PROGRAM, ALL FOR FORMERLY HOMELESS CLIENTS LIVING WITH MENTAL ILLNESS AND SUBSTANCE USE AND WHO NEED

Name of the organization

BOWERY RESIDENTS' COMMITTEE, INC.

Employer identification number

13-2736659

ATTACHMENT 2 (CONT'D)

CONTINUING SUPPORT TO LIVE IN A COMMUNITY SETTING. ALL OF THESE PROGRAMS ARE LICENSED THROUGH THE NYS OFFICE OF MENTAL HEALTH. IN FY21, THESE PROGRAMS SERVED 259 INDIVIDUALS, INCLUDING 62 PEOPLE WHO MOVED ON TO MORE INDEPENDENT HOUSING. IN ADDITION, BRC OPERATES TWO SUBSTANCE ABUSE TREATMENT PROGRAMS LICENSED BY NYS OFFICE OF ADDICTION SERVICES AND SUPPORTS. BRC'S FRED COOPER SUBSTANCE ABUSE SERVICE CENTER (SASC) PROVIDES THE SETTING AND SUPPORT NECESSARY FOR SUBSTANCE ABUSERS WITH COMPLICATED TREATMENT HISTORIES TO ATTAIN LONG-TERM RECOVERY AND STABILITY IN THEIR LIVES. SASC SERVED 329 INDIVIDUALS IN FY21. BRC'S 32-BED CHEMICAL DEPENDENCY CRISIS CENTER (CDCC) PROVIDES INPATIENT REHABILITATION AND STABILIZATION SERVICES THAT HELP THOSE WITH CHEMICAL ADDICTION BEGIN THEIR RECOVERY FROM SUBSTANCE USE AND TAKE THE NEXT STEP TOWARD LONG-TERM STABILITY. IN FY21, CDCC SERVED 286 INDIVIDUALS, WITH 93% OF ADMISSIONS COMPLETING TREATMENT AT THE PROGRAM AND MOVING ON TO THE NEXT STEP IN THEIR RECOVERY. BRC ALSO OPERATES A CARE COORDINATION PROGRAM, OFFERING COMPREHENSIVE CASE MANAGEMENT SERVICES TO A CASELOAD OF 130 INDIVIDUALS DIAGNOSED WITH MENTAL ILLNESS, MANY ALSO WITH A HISTORY OF SUBSTANCE ABUSE AND/OR HOMELESSNESS. IN FY21, BRC CARE COORDINATION SERVED 144 INDIVIDUALS.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

HOMELESS SERVICES - BRC OPERATES FIVE SHELTERS WITH A TOTAL OF 721 BEDS IN MANHATTAN, BROOKLYN, AND THE BRONX, AND A 200-BED

Name of the organization BOWERY RESIDENTS' COMMITTEE, INC.	Employer identification number 13-2736659
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ATTACHMENT 3 (CONT'D)

ASSESSMENT CENTER IN BROOKLYN. AT OUR SHELTER PROGRAMS, WE OFFER RESIDENTS A COMPLETE RANGE OF CASE MANAGEMENT, MEDICAL AND MENTAL HEALTH STABILIZATION, AND EMPLOYMENT SUPPORT SERVICES AIMED AT MOVING THEM INTO HOUSING. BRC'S FIVE SHELTER PROGRAMS 328 PLACEMENTS OF CLIENTS INTO HOUSING AND OTHER MORE APPROPRIATE SETTINGS IN FY21. AT THE ASSESSMENT CENTER, BRC EVALUATES EACH INDIVIDUAL AND LINKS THEM TO THE HOUSING AND SERVICES THAT BEST MEETS THEIR NEEDS, BOTH IN AND OUTSIDE OF THE SHELTER SYSTEM. OUR ASSESSMENT CENTER MADE 1,088 DIVERSIONS OF CLIENTS OUT OF THE DHS SHELTER SYSTEM IN FY21, INCLUDING 181 PEOPLE WHO WERE PLACED DIRECTLY INTO HOUSING OPPORTUNITIES. CLIENTS AT BRC'S SHELTERS AND THE ASSESSMENT CENTER ALSO HAVE ACCESS TO BRC'S FULLY INTEGRATED HOUSING AND EMPLOYMENT SERVICES THROUGH OUR HORIZONS WORKFORCE DEVELOPMENT PROGRAM, WHICH IS HOUSED WITHIN TWO OF BRC'S SHELTERS. IN FY21, HORIZONS SERVED 807 INDIVIDUALS, INCLUDING 287 WHO WERE NEWLY ADMITTED TO THE PROGRAM AND 144 WHO FOUND EMPLOYMENT DURING THE YEAR. OPERATED SIX SAFE HAVEN AND STABILIZATION BED PROGRAMS WITH A TOTAL OF 502 BEDS, INCLUDING ALMOST 150 BEDS BOUGHT ONLINE IN MAY AND JUNE IN RESPONSE TO PANDEMIC-RELATED INCREASES IN HOMELESSNESS. THE AGENCY'S LOW-DEMAND HOUSING PROGRAMS SERVED 883 PEOPLE OVER THE YEAR, INCLUDING 72 FORMERLY CHRONICALLY HOMELESS INDIVIDUALS WHO MOVED INTO MORE STABLE HOUSING.

Name of the organization BOWERY RESIDENTS' COMMITTEE, INC.	Employer identification number 13-2736659
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ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

HOUSING SERVICES - BRC IS A MAJOR PROVIDER OF HOUSING FOR PEOPLE WITH A HISTORY OF HOMELESSNESS. IN FY21, THE AGENCY OPERATED 774 UNITS OF PERMANENT HOUSING THROUGHOUT NEW YORK CITY, WHERE RESIDENTS HAVE SIGNED LEASES AND TENANCY RIGHTS. THESE INCLUDE 183 UNITS OF CONGREGATE SUPPORTED HOUSING ACROSS FIVE PROGRAMS; THE 135-UNIT APARTMENTS AT LANDING ROAD THAT PROVIDES LOW-INCOME HOUSING FOR THE WORKING POOR; AND 456 SCATTER-SITE SUPPORTED APARTMENTS IN MANHATTAN, BROOKLYN, AND THE BRONX THROUGH THE HOMEPLUS PROGRAM. THESE APARTMENTS ARE DEDICATED FOR FORMERLY HOMELESS INDIVIDUALS WITH A HISTORY OF MENTAL ILLNESS AND/OR SUBSTANCE ABUSE. OUR PERMANENT HOUSING PROGRAMS ARE A KEY RESOURCE FOR GRADUATES FROM BRC SAFE HAVEN, SHELTER AND TRANSITIONAL HOUSING PROGRAMS, AND OFTEN SERVE AS THE APPROPRIATE NEXT STEP FOR HOUSING. IN FY21, BRC SERVED 854 INDIVIDUALS AT ITS PERMANENT HOUSING PROGRAMS. AT THE END OF THE FISCAL YEAR, BRC ASSUMED RESPONSIBILITY AS THE SERVICE PROVIDER AND FUTURE OWNER AND RENOVATOR FOR THREE BUILDINGS IN THE BRONX THAT ARE BEING CONVERTED FROM CLUSTER SITE SHELTERS TO PERMANENT HOUSING FOR FORMERLY HOMELESS FAMILIES; THESE COMPRISE 193 UNITS, INCLUDING 151 UNITS OF PERMANENT HOUSING FOR FORMERLY HOMELESS FAMILIES. ADDITIONALLY, BRC OPERATES A SENIOR CENTER, WHICH PROVIDES MEALS, RECREATIONAL ACTIVITIES AND HEALTH CARE SERVICES TO NEEDY SENIORS, PRIMARILY SERVING MARGINALLY HOUSED, MEDICALLY FRAIL AND UNDER ACCULTURATED CHINESE SPEAKING SENIORS. IN FY21, THE SENIOR CENTER SERVED 424 INDIVIDUALS, INCLUDING PROVIDING CASE MANAGEMENT

Name of the organization BOWERY RESIDENTS' COMMITTEE, INC.	Employer identification number 13-2736659
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ATTACHMENT 4 (CONT'D)

SERVICES TO 274 CLIENTS PER MONTH ON AVERAGE

ATTACHMENT 5FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
TREATMENT SERVICES - SEE SCHEDULE O		12,152,168.	7,853,973.
TOTALS		<u>12,152,168.</u>	<u>7,853,973.</u>

ATTACHMENT 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SERA SECURITY SERVICES LLC 2804A THIRD AVENUE BRONX, NY 10455	SECURITY	527,648.
DISTINCTIVE WORKFORCE SOLUTIONS, LLC 2137 RT 35 SUITE 160 HOLMDEL, NJ 07733	TEMP PERSONNEL	3,591,086.
ABS STAFFING SOLUTIONS, LLC 12 EAST 49TH STREET 5TH FLOOR NEW YORK, NY 10017	TEMP PERSONNEL	750,081.
CORSICA TECHNOLOGIES LLC 2977 4H PARK ROAD, SUITE 204 CENTREVILLE, MD 21617	IT SERVICES	460,463.
ADDISON PROFESSIONAL FINANCIAL SEARCH 7076 SOLUTIONS CENTER CHICAGO, IL 60677	TEMP PERSONNEL	262,996.

Name of the organization

BOWERY RESIDENTS' COMMITTEE, INC.

Employer identification number

13-2736659

ATTACHMENT 7FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A)</u> TOTAL <u>FEES</u>	<u>(B)</u> PROGRAM <u>SERVICE EXP.</u>	<u>(C)</u> MANAGEMENT <u>AND GENERAL</u>	<u>(D)</u> FUNDRAISING <u>EXPENSES</u>
TEMPORARY SERVICES	7,733,925.	7,276,856.	454,873.	2,196.
PROFESSIONAL FEES	11,131,409.	10,187,531.	936,765.	7,113.
TOTALS	<u>18,865,334.</u>	<u>17,464,387.</u>	<u>1,391,638.</u>	<u>9,309.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

BOWERY RESIDENTS' COMMITTEE, INC.

Employer identification number

13-2736659

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) 91 PITT STREET HDFC 131 WEST 25TH STREET, 12TH FL, NEW YORK, NY 10001 13-3523556	HOUSING	NY	501(C)(3)	10	BRC	X	
(2) 330 EAST 4TH STREET HDFC 131 WEST 25TH STREET, 12TH FL, NEW YORK, NY 10001 13-3562768	HOUSING	NY	501(C)(3)	10	BRC	X	
(3) FULTON STREET HDFC 131 WEST 25TH STREET, 12TH FL, NEW YORK, NY 10001 13-3467474	HOUSING	NY	501(C)(3)	10	BRC	X	
(4) PALACE RENAISSANCE, INC. 131 WEST 25TH STREET, 12TH FL, NEW YORK, NY 10001 13-3798133	HOUSING	NY	501(C)(2)		BRC	X	
(5) BRC AIDS SERVICES CORPORATION 131 WEST 25TH STREET, 12TH FL, NEW YORK, NY 10001 13-3819259	HOUSING	NY	501(C)(3)	PF	BRC	X	
(6) PALACE RENAISSANCE HDFC 131 WEST 25TH STREET, 12TH FL, NEW YORK, NY 10001 31-1734376	HOUSING	NY	501(C)(3)	10	BRC	X	
(7) EL YUNQUE HDFC 131 WEST 25TH STREET, 12TH FL, NEW YORK, NY 10001 13-3975106	NEW YORK	NY	501(C)(3)	10	BRC	X	

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

Schedule R (Form 990) 2020

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

BOWERY RESIDENTS' COMMITTEE, INC.

Employer identification number

13-2736659

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) WEST 25TH STREET HDFC 131 WEST 25TH STREET, 12TH FL, NEW YORK, NY 10001 45-2773010	HOUSING	NY	501(C)(4)		BRC	X	
(2) BRC LANDING ROAD I HDFC 131 WEST 25TH STREET, 12TH FL, NEW YORK, NY 10001 47-3985343	HOUSING	NY	501(C)(4)		BRC	X	
(3) 139-141 AVENUE D HDFC 131 WEST 25TH STREET, 12TH FL, NEW YORK, NY 10001 81-2856844	HOUSING	NY	501(C)(4)		BRC	X	
(4) BRC INWOOD I HDFC 131 WEST 25TH STREET, 12TH FL, NEW YORK, NY 10001 85-0614317	HOUSING	NY	501(C)(3)	PF	BRC	X	
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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	
(1) 139-141 AVE D, LP 13-3975115 131 WEST 25TH STREET, NEW YORK	REAL ESTATE	NY	N/A									
(2) 902 LIBERTY AVE, LP 26-3727112 131 WEST 25TH STREET, 12TH FL,	REAL ESTATE	NY	N/A									
(3) BRC LANDING II, LP 47-3661196 131 WEST 25TH STREET, 12TH FL,	REAL ESTATE	NY	N/A									
(4)												
(5)												
(6)												
(7)												

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
(1) 93 PITT STREET G.P., INC. 13-3826078 131 WEST 25TH STREET, 12TH FLOOR, NEW YORK, NY 10001	HOUSING	NY	N/A	C CORP					X
(2) 139-141 AVENUE D G.P., INC. 13-3975109 131 WEST 25TH STREET, 12TH FLOOR, NEW YORK, NY 10001	HOUSING	NY	N/A	C CORP					X
(3) 902 LIBERTY AVENUE G.P., INC. 26-3727063 131 WEST 25TH STREET, 12TH FLOOR, NEW YORK, NY 10001	HOUSING	NY	N/A	C CORP					X
(4) BRC LANDING II G.P., INC. 47-3661050 131 WEST 25TH STREET, 12TH FLOOR, NEW YORK, NY 10001	HOUSING	NY	N/A	C CORP					X
(5) 902 LIBERTY AVENUE HDFC 26-1524900 131 WEST 25TH STREET, 12TH FLOOR, NEW YORK, NY 10001	HOUSING	NY	N/A	C CORP					X
(6)									
(7)									

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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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