Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY
PROJECT RENEWAL, INC.
200 VARICK STREET NO. 9TH FL
NEW YORK, NY  10014

PROJECT RENEWAL, INC.:
ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2018 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2018 FORM 990
2018 FORM 990-T
2018 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

ROBERT R. LYONS, CPA
TAX RETURN FILING INSTRUCTIONS
FORM 990

FOR THE YEAR ENDING
JUNE 30, 2019

PREPARED FOR:

PROJECT RENEWAL, INC.
200 VARICK STREET NO. 9TH FL
NEW YORK, NY  10014

PREPARED BY:

MARKS PANETH LLP
685 THIRD AVENUE
NEW YORK, NY  10017

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US AS SOON AS POSSIBLE.
TAX RETURN FILING INSTRUCTIONS
FORM 990-T
FOR THE YEAR ENDING
JUNE 30, 2019

PREPARED FOR:

PROJECT RENEWAL, INC.
200 VARICK STREET NO. 9TH FL
NEW YORK, NY 10014

PREPARED BY:

MARKS PANETH LLP
685 THIRD AVENUE
NEW YORK, NY 10017

AMOUNT DUE OR REFUND:

NO AMOUNT IS DUE. THE ORGANIZATION WILL RECEIVE A REFUND IN THE AMOUNT OF $99,160

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

RETURN MUST BE MAILED ON OR BEFORE:


SPECIAL INSTRUCTIONS:

THE RETURN SHOULD BE SIGNED AND DATED.
PROJECT RENEWAL, INC.

Name and title of officer
ERIC ROSENBAUM
PRESIDENT & CEO

Part I
Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ❑ X ❑ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 91,357,551.
2a Form 990-EZ check here ❑ ❑ ❑ b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here ❑ ❑ ❑ b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here ❑ ❑ ❑ ❑ ❑ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here ❑ ❑ ❑ ❑ ❑ ❑ b Balance Due (Form 8868, line 3c) 5b

Part II
Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I

Officer’s PIN: check one box only

[ ] I authorize MARKS PANETH LLP to enter my PIN
[ ] I authorize ERO firm name

 as my signature on the organization’s tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

Officer’s signature ❑ ___________________________ Date ❑ 07/13/20

Part III
Certification and Authentication

ERO’s EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

26298212345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO’s signature ❑ ___________________________ Date ❑ 07/13/20

Do not submit this form to the IRS unless requested to do so

LHA For Paperwork Reduction Act Notice, see instructions.
823051 10-26-18
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.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Name of organization
PROJECT RENEWAL, INC.
Doing business as

C Number and street (or P.O. box if mail is not delivered to street address)
200 VARICK STREET
Room/suite
9TH FL

D Employer identification number
**-***2882

E Telephone number
212 620 0340

G Gross receipts
91,679,433.

H(a) Is this a group return
for subordinates? Yes X No

H(b) Are all subordinates included? Yes X No

I Tax-exempt status: [X] 501(c)(3) 4947(a)(1) or [ ] 501(c)(4) 501(c)(27) (insert no.)
501(c)( )

J Website: WWW.PROJECTRENEWAL.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1967 M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION OPERATES ACCESSIBLE FACILITIES IN NEW YORK CITY THAT OFFER MEDICAL,...

2 Check this box 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)
3

4 Number of independent voting members of the governing body (Part VI, line 1b)
4

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)
5

6 Total number of volunteers (estimate if necessary)
6

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 38

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

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.

Signature of officer
ERIC ROSENBAUM, PRESIDENT & CEO

Type or print name and title

Preparer’s signature

Date

Check [ ] Self-employed PTIN

Firm’s EIN

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes [ ] No [X]

Form 990 (2018)
PROJECT RENEWAL'S MISSION IS TO END THE CYCLE OF HOMELESSNESS BY EMPOWERING MEN, WOMEN, AND CHILDREN TO RENEW THEIR LIVES WITH HEALTH, HOMES, AND JOBS.

1

TREATMENT AND TRANSITIONAL HOUSING - THE ORGANIZATION PROVIDES TEMPORARY HOUSING WITH ON-SITE TREATMENT AND REHABILITATION SERVICES FOR THE HOMELESS, MENTALLY ILL AND INDIVIDUALS WITH SUBSTANCE ABUSERS PROBLEMS. IN 2018, PROJECT RENEWAL, INC. PROVIDED SERVICES TO OVER 14,647 NEW YORKERS INCLUDING WOMEN, MEN, CHILDREN, SENIORS VETERANS AND LGBTQ ADULTS

EMPLOYMENT SERVICES AND OUTREACH - PROVIDED EDUCATION AND VOCATIONAL ASSESSMENT TRAINING, JOB PLACEMENT RETENTION SERVICES. IN 2018, 875 NEXT STEP CLIENTS RECEIVED VOCATIONAL TRAINING AND JOB PLACEMENT SERVICES. 458 PLACED IN JOBS. NEXT STEP CLIENTS EARNED AN AVERAGE STARTING WAGE OF $13.99 WHICH WAS 35% HIGHER THAN NEW YORK STATE MINIMUM WAGE IN 2018. 2.6 MILLION MEALS SERVED BY OUR CITY BEET KITCHENS CATERING COMPANY WHICH FEEDS MORE HOMELESS NEW YORKERS THAN ANY OTHER ORGANIZATION AND EMPLOYS 24 CULINARY ARTS TRAINING PROGRAM GRADUATES.

MEDICAL SERVICES - THE ORGANIZATION OPERATES PRIMARY CARE MEDICAL CLINICS SERVING HOMELESS, MENTALLY ILL AND SUBSTANCE ABUSE POPULATION. MANY PATIENTS ENTER THE ORGANIZATION'S HEALTH CARE PROGRAMS THROUGH INTERVENTION BY THE MOBILE PSYCHIATRIC AND MEDICAL TEAMS. IN 2018, 12,252 RECEIVED SUBSTANCE USE DISORDER TREATMENT, MEDICAL CARE OR PSYCHIATRIC SERVICES. 968 STAFF MEMBERS TRAINED TO ADMINISTER NARCAN, HELPING TO SAVE LIVES 111 TIMES BY REVERSING OVERDOSES AT OUR FACILITIES. 3,547 VISITED OUR MEDVAN & 3,822 RECEIVED MAMMOGRAMS ON OUR SCANVAN, THE NATION'S FIRST MOBILE MAMMOGRAPH CLINIC. ON AVERAGE WE SAW EACH PATIENT 2.19 TIMES

PROJECT RENEWAL, INC.

832002 12-31-18

Form 990 (2018)
Part IV Checklist of Required Schedules

1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   If “Yes,” complete Schedule A
   1  X

2. Is the organization required to complete Schedule B, Schedule of Contributors?
   2  X

3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I
   3  X

4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If “Yes,” complete Schedule C, Part II
   4  X

5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If “Yes,” complete Schedule C, Part III
   5  X

6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If “Yes,” complete Schedule D, Part I
   6  X

7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If “Yes,” complete Schedule D, Part II
   7  X

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If “Yes,” complete Schedule D, Part III
   8  X

9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If “Yes,” complete Schedule D, Part IV
   9  X

10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If “Yes,” complete Schedule D, Part V
   10  X

11. If the organization’s answer to any of the following questions is “Yes,” then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
   a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If “Yes,” complete Schedule D, Part VI
      11a  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? If “Yes,” complete Schedule D, Part VII
      11b  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? If “Yes,” complete Schedule D, Part VIII
      11c  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? If “Yes,” complete Schedule D, Part IX
      11d  X
   e. Did the organization report an amount for other liabilities in Part X, line 25? If “Yes,” complete Schedule D, Part X
      11e  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)? If “Yes,” complete Schedule D, Part X
      11f  X

12a. Did the organization obtain separate, independent audited financial statements for the tax year? If “Yes,” complete Schedule D, Parts XI and XII
   12a  X

b. Was the organization included in consolidated, independent audited financial statements for the tax year?
   If “Yes,” and if the organization answered “No” to line 12a, then completing Schedule D, Parts XI and XII is optional
   12b  X

13. Is the organization a school described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E
   13  X

14a. Did the organization maintain an office, employees, or agents outside of the United States?
   b. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If “Yes,” complete Schedule F, Parts I and IV
   14a  X
   14b  X

15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If “Yes,” complete Schedule F, Parts II and IV
   15  X

16. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If “Yes,” complete Schedule F, Parts III and IV
   16  X

17. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If “Yes,” complete Schedule G, Part I
   17  X

18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If “Yes,” complete Schedule G, Part II
   18  X

19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If “Yes,” complete Schedule G, Part III
   19  X

20a. Did the organization operate one or more hospital facilities? If “Yes,” complete Schedule H
   b. If “Yes” to line 20a, did the organization attach a copy of its audited financial statements to this return?
   20a  X

21. Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17? If “Yes,” complete Schedule I, Parts I and II
   21  X
### Part V  Statements Regarding Other IRS Filings and Tax Compliance

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a  Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable</td>
<td>22</td>
<td>X</td>
</tr>
<tr>
<td>1b  Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1c  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Note.** All Form 990 filers are required to complete Schedule O.
Part V
Statements Regarding Other IRS Filings and Tax Compliance
(continued)

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 1152

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) .............................................................. 2b X

3a Did the organization have unrelated business gross income of $1,000 or more during the year? ................................................................. 3a X

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b X

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)? 4a X

b If "Yes," enter the name of the foreign country: ▶


5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c

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? 6a X

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b

7 Organizations that may receive deductible contributions under section 170(c).  

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? 7a X

b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b X

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 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? 7e X

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8

9 Sponsoring organizations maintaining donor advised funds.  

a Did the sponsoring organization make any taxable distributions under section 4966? 9a

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b

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? 14a X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 X

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

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X

If "Yes," complete Form 4720, Schedule O.
Part VI | Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization’s assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

8a The governing body

8b Each committee with authority to act on behalf of the governing body

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies

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

10a Did the organization have local chapters, branches, or affiliates?

10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

15a The organization’s CEO, Executive Director, or top management official

15b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another’s website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization’s books and records

STEVEN JONES, CFO - 212 620 0340
200 VARICK STREET 9TH FLOOR, NEW YORK, NY 10014

Form 990 (2018)
### 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.

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ALAN BELZER</td>
<td>0.80</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) CARL ROSOFF</td>
<td>0.80</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) CLAUDIA ROSEN</td>
<td>0.80</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIRPERSON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) COLLEEN CAVANAUGH</td>
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</tr>
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<tr>
<td>(5) ERIC FRY</td>
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<tr>
<td>(6) GAIL WEISS</td>
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</tr>
<tr>
<td>(7) GEOFFREY PROULX</td>
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<td>X X</td>
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<tr>
<td>CHAIR</td>
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<tr>
<td>(8) INGLEFIELD REID</td>
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<td>TRUSTEE</td>
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</tr>
<tr>
<td>(9) JAMES DAVIDSON</td>
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<tr>
<td>(10) JENNY SHARFSTEIN KANE</td>
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<td>TRUSTEE</td>
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<tr>
<td>(11) JULES M. RANZ, MD</td>
<td>0.80</td>
<td>X</td>
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<tr>
<td>(12) MARDOCHE SIDOR, MD</td>
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<td>X</td>
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</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
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<tr>
<td>(13) MARLENE ZURACK</td>
<td>0.80</td>
<td>X X</td>
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<tr>
<td>VICE CHAIR</td>
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<tr>
<td>(14) MICHAEL DOHERTY</td>
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<td>X</td>
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<tr>
<td>TRUSTEE</td>
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<tr>
<td>(15) PAMELA BELL</td>
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</tr>
<tr>
<td>TRUSTEE (OUTGOING)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>(16) RICHARD KRONICK</td>
<td>0.80</td>
<td>X</td>
<td>0.</td>
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</tr>
<tr>
<td>TRUSTEE</td>
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<td></td>
</tr>
<tr>
<td>(17) RUSSELL S. BERMAN</td>
<td>0.80</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
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</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. SUSAN AKSELRAD TRUSTEE</td>
<td>0.80</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>19. THOMAS BRODSKY TRUSTEE</td>
<td>0.80</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>20. TIM PERELL TRUSTEE</td>
<td>0.80</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>21. ERIC ROSENBAUM PRESIDENT &amp; CEO</td>
<td>40.00</td>
<td>X</td>
<td>62,037.</td>
<td>0.</td>
<td>540.</td>
</tr>
<tr>
<td>22. PAUL WOODY SECRETARY</td>
<td>40.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>23. STEVEN JONES</td>
<td>42.00</td>
<td>X</td>
<td>215,495.</td>
<td>0.</td>
<td>16,031.</td>
</tr>
<tr>
<td>24. SUZANNE KAISER SECRETARY (OUTGOING)</td>
<td>40.00</td>
<td>X</td>
<td>108,384.</td>
<td>0.</td>
<td>20,359.</td>
</tr>
<tr>
<td>25. ALLISON GROLNICK CHIEF MEDICAL DIRECTOR</td>
<td>37.00</td>
<td>X</td>
<td>283,990.</td>
<td>0.</td>
<td>8,715.</td>
</tr>
<tr>
<td>26. JOANN RUDIN CHIEF OPERATIONS OFFICER</td>
<td>37.00</td>
<td>X</td>
<td>249,577.</td>
<td>0.</td>
<td>27,332.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>919,483.</strong></td>
<td><strong>72,977.</strong></td>
<td><strong>1,144,823.</strong></td>
</tr>
</tbody>
</table>

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: 30

**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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERA SECURITY SERVICES LLC 2804 3RD AVE., BRONX, NY 10455</td>
<td>SECURITY SERVICES</td>
<td>5,166,161.</td>
</tr>
<tr>
<td>WINFIELD SECURITY 57 WEST 38 STREET, NEW YORK, NY 10018</td>
<td>SECURITY SERVICES</td>
<td>3,303,052.</td>
</tr>
<tr>
<td>ALLIED UNIVERSAL SECURITY SERVICES P.O. BOX 828854, PHILADELPHIA, PA 19182</td>
<td>SECURITY SERVICES</td>
<td>1,695,808.</td>
</tr>
<tr>
<td>PARTNERS INTERNATIONAL P.O. BOX 759024, BALTIMORE, MD 21275</td>
<td>IT CONSULTING</td>
<td>148,444.</td>
</tr>
<tr>
<td>MARKS PANETH, LLP 685 THIRD AVE, NEW YORK, NY 10017</td>
<td>AUDITING SERVICES</td>
<td>127,000.</td>
</tr>
</tbody>
</table>

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

**832008 12-31-18**
## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

### (A) Name and title

<table>
<thead>
<tr>
<th>Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) STEPHANIE COWLES</td>
<td>37.00</td>
<td>X</td>
<td>164,298.</td>
<td>0.</td>
<td>25,514.</td>
</tr>
<tr>
<td>ASSOCIATE DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(28) SUSAN DAN</td>
<td>39.00</td>
<td>X</td>
<td>175,508.</td>
<td>0.</td>
<td>18,428.</td>
</tr>
<tr>
<td>ASSOCIATE DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(29) ANN GROGAN</td>
<td>35.00</td>
<td>X</td>
<td>146,311.</td>
<td>0.</td>
<td>13,879.</td>
</tr>
<tr>
<td>DIRECTOR OR NURSING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(30) FRANZ HINOJOSA</td>
<td>35.00</td>
<td>X</td>
<td>144,516.</td>
<td>0.</td>
<td>3,836.</td>
</tr>
<tr>
<td>PHYSICIAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(31) LILIA RADULOVIC</td>
<td>35.00</td>
<td>X</td>
<td>193,614.</td>
<td>0.</td>
<td>13,400.</td>
</tr>
<tr>
<td>PHYSICIAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(32) NATHANIEL BROWNLOW</td>
<td>35.00</td>
<td>X</td>
<td>148,488.</td>
<td>0.</td>
<td>11,918.</td>
</tr>
<tr>
<td>PHYSICIAN</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>(33) TERRY KAPLAN</td>
<td>35.00</td>
<td>X</td>
<td>172,088.</td>
<td>0.</td>
<td>6,001.</td>
</tr>
<tr>
<td>PHYSICIAN</td>
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</tbody>
</table>

Total to Part VII, Section A, line 1c: 1,144,823. 92,976.
### Part VIII Statement of Revenue

#### Contributions, Gifts, Grants and Other Similar Amounts

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
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</tr>
<tr>
<td>1 b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f: $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
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<td>$72,495,735.</td>
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</table>

#### Program Service Revenue

<table>
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<tr>
<th>Description</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a EMPLOYMENT TRAINING FEES</td>
<td>624200</td>
<td>7,291,430.</td>
<td>7,291,430.</td>
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<tr>
<td>2 b MEDICAL SERVICE FEES</td>
<td>621990</td>
<td>4,170,163.</td>
<td>4,170,163.</td>
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</tr>
<tr>
<td>2 d RENTAL INCOME</td>
<td>624200</td>
<td>2,359,490.</td>
<td>2,359,490.</td>
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<td></td>
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<tr>
<td>2 e DEVELOPER FEE</td>
<td>624200</td>
<td>1,513,250.</td>
<td>1,513,250.</td>
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</tr>
<tr>
<td>2 f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>g Total, Add lines 2a-2f</td>
<td></td>
<td>17,740,818.</td>
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</tr>
</tbody>
</table>

#### Investment income (including dividends, interest, and other similar amounts)

<table>
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<tr>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

#### Income from investment of tax-exempt bond proceeds

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
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<td></td>
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</tr>
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</table>

#### Royalties

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
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</table>

#### Gross rents

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 a</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 c</td>
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<td></td>
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</tr>
<tr>
<td>6 d</td>
<td></td>
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</tbody>
</table>

#### Net rental income or (loss)

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 a</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 b</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7 c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Gross amount from sales of assets other than inventory

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 b</td>
<td></td>
<td></td>
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<tr>
<td>8 c</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8 d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Gross income from fundraising events (not including $1,346,275. of contributions reported on line 1c).

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 b</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9 c</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 c</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

#### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a MANAGEMENT FEES FROM AFFILIATE</td>
<td>900099</td>
<td>510,512.</td>
<td>510,512.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 b OTHER REVENUE</td>
<td>900099</td>
<td>421,888.</td>
<td>421,888.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 e Total, Add lines 11a-11d</td>
<td></td>
<td>932,400.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Total revenue.

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See instructions</td>
<td></td>
<td></td>
<td></td>
<td>$91,357,551, 18,673,210. 0. 180,598.</td>
</tr>
</tbody>
</table>
**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).

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>1,623,579.</td>
<td>655,367.</td>
<td>968,212.</td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>31,967,437.</td>
<td>28,585,679.</td>
<td>3,091,005.</td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>337,832.</td>
<td>306,017.</td>
<td>28,628.</td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td>3,766,278.</td>
<td>3,319,113.</td>
<td>413,817.</td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>4,213,874.</td>
<td>3,671,620.</td>
<td>505,685.</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses, itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td>13,148,658.</td>
<td>12,488,864.</td>
<td>442,674.</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>88,353,945.</td>
<td>79,686,947.</td>
<td>7,865,102.</td>
</tr>
</tbody>
</table>

**Note:**
- 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.
- Total expenses
- Program service expenses
- Management and general expenses
- Fundraising expenses

**Section:**
- Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

**Form:**
- Statement of Functional Expenses
- Part IX
- Form 990 (2018)
Form 990 (2018)  PROJECT RENEWAL, INC.  **2882**  Page 11

**Part X - Balance Sheet**

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>4,753,967</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>157,884</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>16,512,018</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>3,731,307</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>12,500,000</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>638,418</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>15,857,877</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>13,929,374</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>84,222</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>4,127,854</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>44,083,631</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>12,017,700</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>15,665,013</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>12,620,000</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>12,620,000</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>2,052,969</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>42,355,682</td>
</tr>
<tr>
<td></td>
<td>Organizations that follow SFAS 117 (ASC 958), check here <strong>X</strong> and complete lines 27 through 29, and lines 33 and 34.</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>-1,697,858</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>3,425,807</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>1,727,949</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>44,083,631</td>
</tr>
</tbody>
</table>

Form 990 (2018)
### Part XI: Reconciliation of Net Assets

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>91,357,551</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>88,353,945</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>3,003,606</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>1,727,949</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>8,158</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>4,739,713</td>
</tr>
</tbody>
</table>

### Part XII: Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Accrual</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>If &quot;Yes&quot; 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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2018)
**Part I: Reason for Public Charity Status**

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. **X** 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.)


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? Yes No

   (v) Amount of monetary support (see instructions)

   (vi) Amount of other support (see instructions)

   Total

---

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received</td>
<td>38935986</td>
<td>49720138</td>
<td>60695138</td>
<td>66151117</td>
<td>72495735</td>
<td>287998114</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>38935986</td>
<td>49720138</td>
<td>60695138</td>
<td>66151117</td>
<td>72495735</td>
<td>287998114</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>287998114</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>38935986</td>
<td>49720138</td>
<td>60695138</td>
<td>66151117</td>
<td>72495735</td>
<td>287998114</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>224,041</td>
<td>247,129</td>
<td>245,521</td>
<td>253,888</td>
<td>268,417</td>
<td>1238996.0</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>599,517</td>
<td>765,885</td>
<td>340,832</td>
<td>453,190</td>
<td>1169775.0</td>
<td>3329199.0</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>292566309</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
<td>82,865,550.0</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2017 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2018. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b 33 1/3% support test - 2017. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10% -facts-and-circumstances test - 2018. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b 10% -facts-and-circumstances test - 2017. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
</table>

| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons |         |         |         |         |         |         |
| 7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year |         |         |         |         |         |         |
| 7c Add lines 7a and 7b |         |         |         |         |         |         |
| 8 Public support. (Subtract line 7c from line 6) |         |         |         |         |         |         |

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
</table>

| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) |         |         |         |         |         |         |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 |         |         |         |         |         |         |

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
</table>

| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) |         |         |         |         |         |         |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 |         |         |         |         |         |         |

| 19a 33 1/3% support tests - 2018. 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 |         |         |         |         |         |         |
| 19b 33 1/3% support tests - 2017. 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 |         |         |         |         |         |         |

### Private foundation.

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
</table>

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

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

Section A. All Supporting Organizations

1 Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If “No,” describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If “Yes,” explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If “Yes,” describe in Part VI when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If “Yes,” explain in Part VI what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes,” and if you checked 12a or 12b in Part I, answer (b) and (c) below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If “Yes,” describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
Part IV  Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

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

2 Activities Test. Answer (a) and (b) below.
   a Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.
   a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
**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

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2019. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part VI</td>
<td>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.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MANAGEMENT FEE FROM AFFILIATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2014 AMOUNT:</strong> $ 100,000.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2015 AMOUNT:</strong> $ 99,999.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2016 AMOUNT:</strong> $ 100,000.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2017 AMOUNT:</strong> $ 200,000.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2018 AMOUNT:</strong> $ 510,512.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2014 AMOUNT:</strong> $ 394,327.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2015 AMOUNT:</strong> $ 461,263.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2016 AMOUNT:</strong> $ 107,306.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2017 AMOUNT:</strong> $ 131,790.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2018 AMOUNT:</strong> $ 421,888.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FUNDRAISING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2014 AMOUNT:</strong> $ 105,190.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2015 AMOUNT:</strong> $ 119,080.</td>
<td></td>
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<tr>
<td><strong>2016 AMOUNT:</strong> $ 133,526.</td>
<td></td>
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</tr>
<tr>
<td><strong>2017 AMOUNT:</strong> $ 121,400.</td>
<td></td>
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</tr>
<tr>
<td><strong>2018 AMOUNT:</strong> $ 237,375.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>REFUNDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2015 AMOUNT:</strong> $ 49,410.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHILADELPHIA INDEMNITY INS INCOME</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2015 AMOUNT:</strong> $ 36,133.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)
### Schedule B (Form 990, 990-EZ, or 990-PF)

#### Schedule of Contributors

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROJECT RENEWAL, INC.</strong></td>
<td>**-***2882</td>
</tr>
</tbody>
</table>

**Organization type (check one):**

- **Form 990 or 990-EZ**
  - **X** 501(c)(3) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
  - 527 political organization

- **Form 990-PF**
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation

**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

- **X** 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.
# Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

## Part I

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NYC DEPARTMENT OF HEALTH &amp; MENTAL HYGIENE 42-09- 28TH STREET LONG ISLAND CITY, NY 11101</td>
<td>$ 7,926,993.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>2</td>
<td>NYC DEPARTMENT OF HOMELESS SERVICES 33 BEAVER STREET NEW YORK, NY 10004</td>
<td>$ 42,735,719.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>3</td>
<td>NYS OFFICE OF ALCOHOLISM &amp; SUBSTANCE ABUSE 1449 WESTERN AVENUE ALBANY, NY 12203</td>
<td>$ 2,414,620.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>4</td>
<td>NYS OFFICE OF MENTAL HEALTH 44 HOLLAND AVENUE ALBANY, NY 12229</td>
<td>$ 7,664,821.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>5</td>
<td>US DEPARTMENT OF HEALTH &amp; HUMAN SERVICES 200 INDEPENDENCE AVE., SW WASHINGTON, DC 20201</td>
<td>$ 3,846,347.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>6</td>
<td>US DEPARTMENT OF HOUSING &amp; URBAN DEVELOPMENT 26 FEDERAL PLAZA NEW YORK, NY 10278</td>
<td>$ 2,592,859.</td>
<td>Person X Payroll Noncash</td>
</tr>
</tbody>
</table>
## Noncash Property

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

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate)</th>
<th>Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(See instructions.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ 12345</td>
<td>12/01/2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(See instructions.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ 67890</td>
<td>12/02/2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(See instructions.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ 10112</td>
<td>12/03/2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(See instructions.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ 123456</td>
<td>12/04/2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(See instructions.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ 7890</td>
<td>12/05/2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(See instructions.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ 123456</td>
<td>12/06/2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(See instructions.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ 123456</td>
<td>12/07/2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(See instructions.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ 123456</td>
<td>12/08/2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(See instructions.)</td>
<td></td>
</tr>
</tbody>
</table>
**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee’s name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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

**Name of organization**

<table>
<thead>
<tr>
<th>PROJECT RENEWAL, INC.</th>
</tr>
</thead>
</table>

| Employer identification number | **-***2882 |

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee’s name, address, and ZIP + 4</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee’s name, address, and ZIP + 4</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee’s name, address, and ZIP + 4</td>
</tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee’s name, address, and ZIP + 4</td>
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</tr>
</tbody>
</table>
SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

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

Name of organization

PROJECT RENEWAL, INC.

Employer identification number

**-***2882

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

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

2 Political campaign activity expenditures

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955

2 Enter the amount of any excise tax incurred by organization managers under section 4955

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

4a Was a correction made? If "Yes," describe in Part IV.

4b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

2 Enter the amount of the filing organization’s funds contributed to other organizations for section 527 exempt function activities

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b

4 Did the filing organization file Form 1120-POL for this year?

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization’s funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name

(b) Address

(c) EIN

d) Amount paid from filing organization’s funds. If none, enter -0-. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>(a) Filing organization’s totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>Lobbying nontaxable amount</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the amount on line 1e, column (a) or (b) is:

- Not over $500,000: 20% of the amount on line 1e.
- Over $500,000 but not over $1,000,000: $100,000 plus 15% of the excess over $500,000.
- Over $1,000,000 but not over $1,500,000: $175,000 plus 10% of the excess over $1,000,000.
- Over $1,500,000 but not over $17,000,000: $225,000 plus 5% of the excess over $1,500,000.
- Over $17,000,000: $1,000,000.

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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td>100,000</td>
<td>100,000</td>
<td>1,000,000</td>
<td>1,200,000</td>
<td></td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column (e))</td>
<td></td>
<td></td>
<td></td>
<td>1,800,000</td>
<td></td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
<td>72,000</td>
<td>72,000</td>
<td>72,000</td>
<td>216,000</td>
<td></td>
</tr>
<tr>
<td>d Grassroots nontaxable amount</td>
<td>250,000</td>
<td>250,000</td>
<td>250,000</td>
<td>750,000</td>
<td></td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td>1,125,000</td>
<td></td>
</tr>
</tbody>
</table>

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes ☐ No ☐
Schedule C (Form 990 or 990-EZ) 2018  PROJECT RENEWAL, INC.  **-***2882  Page 3

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers?
- b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- c Media advertisements?
- d Mailings to members, legislators, or the public?
- e Publications, or published or broadcast statements?
- f Grants to other organizations for lobbying purposes?
- g Direct contact with legislators, their staffs, government officials, or a legislative body?
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- i Other activities?
- j Total. Add lines 1c through 1i

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

2b If "Yes," enter the amount of any tax incurred under section 4912

2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912

2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

1  Were substantially all (90% or more) dues received nondeductible by members?

2  Did the organization make only in-house lobbying expenditures of $2,000 or less?

3  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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

1  Dues, assessments and similar amounts from members

2  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

2a Current year

2b Carryover from last year

2c Total

3  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

4  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5  Taxable amount of lobbying and political expenditures (see instructions)

**Part IV**  Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>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?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Purpose(s) of conservation easements held by the organization (check all that apply).</td>
</tr>
<tr>
<td></td>
<td>Preservation of land for public use (e.g., recreation or education)</td>
</tr>
<tr>
<td></td>
<td>Protection of natural habitat</td>
</tr>
<tr>
<td></td>
<td>Preservation of open space</td>
</tr>
<tr>
<td></td>
<td>Preservation of a historically important land area</td>
</tr>
<tr>
<td></td>
<td>Preservation of a certified historic structure</td>
</tr>
<tr>
<td>2</td>
<td>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.</td>
</tr>
<tr>
<td>2a</td>
<td>Held at the End of the Tax Year</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
<tr>
<td>3</td>
<td>Total number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</td>
</tr>
<tr>
<td>4</td>
<td>Number of states where property subject to conservation easement is located</td>
</tr>
<tr>
<td>5</td>
<td>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</td>
</tr>
<tr>
<td>6</td>
<td>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</td>
</tr>
<tr>
<td>7</td>
<td>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</td>
</tr>
<tr>
<td>8</td>
<td>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)?</td>
</tr>
<tr>
<td>9</td>
<td>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.</td>
</tr>
</tbody>
</table>

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

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

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

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

(ii) Assets included in Form 990, Part X |

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

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

b Assets included in Form 990, Part X |
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

3  Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a  Public exhibition  d  Loan or exchange programs
   b  Scholarly research  e  Other
   c  Preservation for future generations

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

5  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?  Yes  No

Part IV  Escrow and Custodial Arrangements.

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:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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.

1a  Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>866,250</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5,616,675</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,874,032</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4,602,953</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2,897,967</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a  Board designated or quasi-endowment

<table>
<thead>
<tr>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

b  Permanent endowment

<table>
<thead>
<tr>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

c  Temporarily restricted endowment

<table>
<thead>
<tr>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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:

   (i) unrelated organizations

   (ii) related organizations

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a  Land</td>
<td>866,250</td>
<td></td>
<td>866,250</td>
<td></td>
</tr>
<tr>
<td>b  Buildings</td>
<td>5,616,675</td>
<td>5,532,571</td>
<td>84,104</td>
<td></td>
</tr>
<tr>
<td>c  Leasehold improvements</td>
<td>1,874,032</td>
<td>1,830,647</td>
<td>43,385</td>
<td></td>
</tr>
<tr>
<td>d  Equipment</td>
<td>4,602,953</td>
<td>4,438,463</td>
<td>164,490</td>
<td></td>
</tr>
<tr>
<td>e  Other</td>
<td>2,897,967</td>
<td>2,127,693</td>
<td>770,274</td>
<td></td>
</tr>
</tbody>
</table>

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

1,928,503
### 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.

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

### 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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) DUE FROM AFFILIATES, NET</td>
<td>1,655,402.</td>
</tr>
<tr>
<td>(2) SECURITY DEPOSITS AND OTHER ASSETS</td>
<td>205,736.</td>
</tr>
<tr>
<td>(3) ASSETS HELD FOR OTHERS</td>
<td>110,921.</td>
</tr>
<tr>
<td>(4) DEVELOPMENT FEE RECEIVABLE</td>
<td>786,750.</td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</strong></td>
<td>2,758,809.</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Description of liability</td>
<td></td>
</tr>
<tr>
<td>(2) DUE TO AFFILIATES</td>
<td>2,722,267.</td>
</tr>
<tr>
<td>(3) DEFERRED RENT</td>
<td>153,509.</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</strong></td>
<td>2,875,776.</td>
</tr>
</tbody>
</table>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. **X**
## Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b. Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c. Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>5</td>
</tr>
</tbody>
</table>

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

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b. Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c. Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>5</td>
</tr>
</tbody>
</table>

## Part XIII | Supplemental Information.

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

### PART IV, LINE 2B:

**THE ORGANIZATION MAINTAINS FUNDS HELD ON BEHALF OF THEIR CLIENTS.**

### PART X, LINE 2:

**THE CORPORATION BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2019 AND 2018 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, "INCOME TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.**

### PART XI, LINE 2D - OTHER ADJUSTMENTS:

**RELATED ENTITIES' REVENUE**

4,663,268.

**CONSOLIDATING ELIMINATIONS**

-4,402,251.
TOTAL TO SCHEDULE D, PART XI, LINE 2D  
261,017.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELATED ENTITIES' EXPENSES</td>
<td>6,508,908.</td>
</tr>
<tr>
<td>CONSOLIDATING ELIMINATIONS</td>
<td>-4,402,251.</td>
</tr>
</tbody>
</table>

TOTAL TO SCHEDULE D, PART XII, LINE 2D  
2,106,657.
**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - Mail solicitations
   - Internet and email solicitations
   - Phone solicitations
   - In-person solicitations
   - Solicitation of non-government grants
   - Solicitation of government grants
   - Special fundraising events

2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
   - Yes
   - No

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

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **Total**

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

   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -
   -

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GALA</td>
<td>FALL BALL</td>
<td>NONE</td>
<td>Total events</td>
</tr>
<tr>
<td>1 Gross receipts</td>
<td>1,486,806</td>
<td>96,844</td>
<td></td>
<td>1,583,650</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>1,280,106</td>
<td>66,169</td>
<td></td>
<td>1,346,275</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>206,700</td>
<td>30,675</td>
<td></td>
<td>237,375</td>
</tr>
</tbody>
</table>

#### Direct Expenses

<table>
<thead>
<tr>
<th></th>
<th>GALA</th>
<th>FALL BALL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td>239,198</td>
<td>9,636</td>
<td>248,834</td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td>3,126</td>
<td></td>
<td>3,126</td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>62,342</td>
<td>7,580</td>
<td>69,922</td>
</tr>
<tr>
<td>10 Direct expense summary</td>
<td></td>
<td></td>
<td>321,882</td>
</tr>
<tr>
<td>11 Net income summary</td>
<td></td>
<td></td>
<td>-84,507</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bingo</td>
<td>Pull tabs/instant bingo/progressive bingo</td>
<td>Other gaming</td>
<td>Total gaming (add col. (a) through col. (c))</td>
</tr>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Direct Expenses

<table>
<thead>
<tr>
<th></th>
<th>Bingo</th>
<th>Pull tabs/instant bingo/progressive bingo</th>
<th>Other gaming</th>
<th>Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Box for volunteer labor</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td></td>
</tr>
</tbody>
</table>

**Enter the state(s) in which the organization conducts gaming activities:**

9 a Is the organization licensed to conduct gaming activities in each of these states? If "No," explain:

9 b If "No," explain:

10a Were any of the organization’s gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

10b If "Yes," explain:
Schedule G (Form 990 or 990-EZ) 2018 PROJECT RENEWAL, INC.  

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Does the organization conduct gaming activities with nonmembers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Indicate the percentage of gaming activity conducted in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The organization’s facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b An outside facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the amount of gaming revenue received by the organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c If &quot;Yes,&quot; enter name and address of the third party:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Gaming manager information:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Mandatory distributions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
SCHEDULE J
(Form 990)

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.

Name of the organization: PROJECT RENEWAL, INC.

Employer identification number: **-***2882

Part I Questions Regarding Compensation

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal services (such as maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &quot;No,&quot; complete Part III to explain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation committee</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Independent compensation consultant</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Form 990 of other organizations</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Written employment contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation survey or study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approval by the board or compensation committee</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Receive a severance payment or change-of-control payment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Any related organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; on line 5a or 5b, describe in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Any related organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; on line 6a or 6b, describe in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; describe in Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; describe in Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 If &quot;Yes&quot; on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Schedule J (Form 990) 2018 PROJECT RENEWAL, INC. **---2882**

**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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) STEVEN JONES</td>
<td>(i) 201,563.</td>
<td>(ii) 13,932.</td>
<td>(iii) 5,254.</td>
<td>10,777.</td>
<td>231,526.</td>
</tr>
<tr>
<td>CFO</td>
<td>(ii) 0.</td>
<td></td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) ALLISON GROLNICK</td>
<td>(i) 283,810.</td>
<td>(ii) 180.</td>
<td></td>
<td>6,615.</td>
<td>2,100.</td>
</tr>
<tr>
<td>CHIEF MEDICAL DIRECTOR</td>
<td>(ii) 0.</td>
<td></td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) JOANN RUDIN</td>
<td>(i) 249,397.</td>
<td>(ii) 180.</td>
<td></td>
<td>6,335.</td>
<td>20,997.</td>
</tr>
<tr>
<td>CHIEF OPERATIONS OFFICER</td>
<td>(ii) 0.</td>
<td></td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) STEPHANIE COWLES</td>
<td>(i) 143,358.</td>
<td>(ii) 20,940.</td>
<td></td>
<td>4,026.</td>
<td>21,488.</td>
</tr>
<tr>
<td>ASSOCIATE DIRECTOR</td>
<td>(ii) 0.</td>
<td></td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) SUSAN DAN</td>
<td>(i) 173,528.</td>
<td>(ii) 1,980.</td>
<td></td>
<td>4,315.</td>
<td>14,113.</td>
</tr>
<tr>
<td>ASSOCIATE DIRECTOR</td>
<td>(ii) 0.</td>
<td></td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) ANN GROGAN</td>
<td>(i) 146,200.</td>
<td>(ii) 111.</td>
<td></td>
<td>3,607.</td>
<td>10,272.</td>
</tr>
<tr>
<td>DIRECTOR OR NURSING</td>
<td>(ii) 0.</td>
<td></td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) LILIA RADULOVIC</td>
<td>(i) 193,217.</td>
<td>(ii) 397.</td>
<td></td>
<td>4,689.</td>
<td>8,711.</td>
</tr>
<tr>
<td>PHYSICIAN</td>
<td>(ii) 0.</td>
<td></td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) NATHANIEL BROWNLOW</td>
<td>(i) 147,567.</td>
<td>(ii) 921.</td>
<td></td>
<td>3,582.</td>
<td>8,336.</td>
</tr>
<tr>
<td>PHYSICIAN</td>
<td>(ii) 0.</td>
<td></td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) TERRY KAPLAN</td>
<td>(i) 171,403.</td>
<td>(ii) 685.</td>
<td></td>
<td>4,327.</td>
<td>1,674.</td>
</tr>
<tr>
<td>PHYSICIAN</td>
<td>(ii) 0.</td>
<td></td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
PART II, COLUMN B (III):

AMOUNTS IN THIS COLUMN FOR CERTAIN INDIVIDUALS REPRESENTS CONTRIBUTIONS TO 457(B) RETIREMENT PLAN.
### SCHEDULE M
**Name of the organization**

**PROJECT RENEWAL, INC.**

<table>
<thead>
<tr>
<th>Part I</th>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
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<tr>
<td>6</td>
<td>Cars and other vehicles</td>
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<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td>X</td>
<td>4</td>
<td>51,762</td>
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<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
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<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
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<td>12</td>
<td>Securities - Miscellaneous</td>
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<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
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<td>14</td>
<td>Qualified conservation contribution - Other</td>
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<tr>
<td>15</td>
<td>Real estate - Residential</td>
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</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
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<td></td>
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<tr>
<td>17</td>
<td>Real estate - Other</td>
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<td>18</td>
<td>Collectibles</td>
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<td>19</td>
<td>Food inventory</td>
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<td></td>
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<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
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<tr>
<td>21</td>
<td>Taxidermy</td>
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<tr>
<td>22</td>
<td>Historical artifacts</td>
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<td></td>
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<tr>
<td>23</td>
<td>Scientific specimens</td>
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<tr>
<td>24</td>
<td>Archeological artifacts</td>
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<td></td>
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<td>25</td>
<td>Other</td>
<td>( )</td>
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<td>26</td>
<td>Other</td>
<td>( )</td>
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<td></td>
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<tr>
<td>27</td>
<td>Other</td>
<td>( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other</td>
<td>( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement</td>
<td></td>
<td>29</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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? **Yes** [X]  **No** [ ]

#### 31
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **Yes** [X]  **No** [ ]

#### 32a
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **Yes** [X]  **No** [ ]

#### 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.

---

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

Schedule M (Form 990) 2018
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPLOYMENT, HOUSING, AND COMMUNITY OUTREACH SERVICES TO HOMELESS AND FORMERLY HOMELESS PEOPLE SUFFERING FROM MENTAL ILLNESS, ALCOHOLISM, AND SUBSTANCE ABUSE.

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

PERMANENT HOUSING AND PERMANENT HOMES - THE ORGANIZATION OPERATES INDEPENDENT RESIDENTIAL LIVING ON-SITE SUPPORTIVE SERVICES FOR MENTALLY ILL INDIVIDUALS SUFFERING WITH HIV/AIDS AND PEOPLE WITH SUBSTANCE ABUSE PROBLEMS. COMMUNITY OUTREACH SERVICES ARE PROVIDED TO INDIVIDUALS IN SHELTER, DROP-IN SHELTERS AND ON THE STREET. MOBILE PSYCHIATRIC AND MEDICAL TEAMS REACH HOMELESS MEN AND WOMEN TO CONNECT THEM INTO TREATMENT PROGRAMS WHERE CLIENTS RECOVER THEIR HEALTH AND LEARN TO MANAGE THEIR MENTAL ILLNESS AND SOBRIETY. SOCIAL SERVICES ARE ALSO PROVIDED TO CONNECT THE HOMELESS, MENTALLY ILL, SUBSTANCE ABUSE AND DUALLY DIAGNOSED INDIVIDUALS WITH APPROPRIATE MEDICAL, EMPLOYMENT AND HOUSING SERVICES. IN 2018, 3,896 LIVED IN SPECIALIZED SHELTERS, TRANSITIONAL HOUSING OR PERMANENT HOMES. 87% OF RESIDENTS IN PERMANENT HOMES WERE STILL LIVING INDEPENDENTLY AFTER ONE YEAR. 96% OF SHELTERS CLIENTS WE PLACED INTO HOUSING REMAINED OUT OF THE SHELTER SYSTEM FOR AT LEAST SIX MONTHS

EXPENSES $ 6,768,196. INCLUDING GRANTS OF $ 0. REVENUE $ 3,185,134.

FORM 990, PART VI, SECTION A, LINE 6:

THERE IS ONE CLASS OF MEMBERS. THE SOLE MEMBER OF PROJECT RENEWAL, INC. IS PROJECT RENEWAL FUND, INC., A NEW YORK NOT-FOR-PROFIT CORPORATION.
FORM 990, PART VI, SECTION A, LINE 7A:


FORM 990, PART VI, SECTION A, LINE 7B:

ANY OR ALL DIRECTORS MAY BE REMOVED FOR CAUSE BY THE SOLE MEMBER.

ANY BY-LAW ADOPTED BY THE BOARD MAY BE AMENDED, REPEALED, OR ALTERED BY THE MEMBERS, AND ANY BY-LAW ADOPTED BY THE MEMBERS MAY BE AMENDED REPEALED, OR ALTERED BY THE BOARD, EXCEPT THAT THE BOARD SHALL NOT HAVE THE POWER TO ADOPT ANY BY-LAW OR EXPAND THE AUTHORIZATION CONFERRED BY ANY BY-LAW WHICH BY STATUTE ONLY THE MEMBERS HAVE THE POWER TO SO ADOPT OR EXPAND.

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

THE FORM 990 IS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE DEPARTMENT. A DRAFT OF THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S CFO AND CONTROLLER, AND THEN PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD FOR REVIEW AND APPROVAL. UPON APPROVAL, THE FORM 990 SUBMITTED ELECTRONICALLY TO THE FULL BOARD OR DIRECTORS FOR REVIEW AND COMMENTS. WHEN ALL INQUIRIES ARE ADDRESSED, THE
ORGANIZATION FILES THE FORM 990 WITH THE INTERNAL REVENUE SERVICE.

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

THE BOARD OF TRUSTEE MEMBERS RECEIVED A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ANNUALLY, AND ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE PAGE. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO EACH DIRECTOR, OFFICER, AND EMPLOYEE OF THE ORGANIZATION. WHEN THE PRESIDENT OR ANY BOARD MEMBER FEELS THAT A CONFLICT OF INTEREST EXISTS OR MAY ARISE, ANY UNCERTAINTY WILL BE RESOLVED BY A FULL AND PROMPT DISCLOSURE OF THE CIRCUMSTANCES TO THE SECRETARY OF THE BOARD.

DISCUSSIONS OF POTENTIAL CONFLICTS OF INTEREST WILL BE DISCUSSED WITHIN THE BOARD OF DIRECTORS. OFFICERS AND EMPLOYEES, OTHER THAN THE PRESIDENT AND BOARD MEMBERS SHALL DISCUSS ANY CONFLICT OF INTEREST WITH THE PRESIDENT OF THE CORPORATION OF THE PERSONNEL DEPARTMENT. INVESTIGATIONS SURROUNDING CONFLICTS OF INTEREST WILL BE DOCUMENTED IN RECORDS OF THE BOARD MINUTES OR IN THE PERSONNEL DEPARTMENT RECORDS. ALL PARTIES EFFECTED BY A POTENTIAL CONFLICT OF INTEREST WILL BE ESCUSED FROM THE MEETING DURING THE BOARD DISCUSSION AND RESOLUTION, AS WELL AS ALL MATTERS THAT MAY INVOLVE THE POTENTIAL CONFLICT. IF, IN THE OPINION OF THE COUNSEL, A CONFLICT EXISTS RELATING TO AN EMPLOYEE, AN OFFER OF EMPLOYMENT MAY BE TEMPORARILY QUALIFIED OR WITHDRAWN OF AN EMPLOYEE MAY BE SUSPENDED PENDING THE DECISION.

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

THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES UTILIZES A COMPENSATION CONSULTING FIRM TO ANALYZE AND REPORT ON COMPENSATION DATE FROM THE IRS FORM 990S OF SIMILAR NON-PROFIT ORGANIZATIONS AND TO ASSIST IN THE COMMITTEE'S REVIEW AND ESTABLISHMENT OF COMPENSATION FOR THE CEO, THE CFO,
OTHER KEY EMPLOYEES, AND DISQUALIFIED PERSONS. THE DISCUSSION, DELIBERATIONS, AND DECISIONS ARE RECORDED IN THE COMMITTEE MINUTES. THE PROCESS WAS LAST CONDUCTED IN 2014.

FORM 990, PART VI, SECTION C, LINE 19:
THE FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE SERVICE CODE AS IT IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR WEBSITES. IN ADDITION, FORMS 990 AND 1023, AS WELL AS THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OR INCORPORATION, AND BY-LAWS ARE AVAILABLE UPON WRITTEN REQUEST OF THE ORGANIZATION AT 200 VARICK STREET, 9TH FLOOR, NEW YORK, NY 10014, OR BY CALL THE ORGANIZATION AT 212-620-0340.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:
PROGRAM SERVICE EXPENSES 549,262.
MANAGEMENT AND GENERAL EXPENSES 395,205.
FUNDRAISING EXPENSES 217,120.
TOTAL EXPENSES 1,161,587.

SECURITY FEES:
PROGRAM SERVICE EXPENSES 11,119,397.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 11,119,397.

TEMPORARY HELP:
PROGRAM SERVICE EXPENSES 820,205.
Name of the organization  

<table>
<thead>
<tr>
<th>Project Renewal, Inc.</th>
</tr>
</thead>
</table>

| Employer identification number | **-***2882 |

**MANAGEMENT AND GENERAL EXPENSES**  

47,469.

**FUNDRAISING EXPENSES**  

0.

**TOTAL EXPENSES**  

867,674.

**TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A**  

13,148,658.

---

**FORM 990, PART XII, LINE 2C:**

**THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.**
### Part I  Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>141 NICHOLAS HOUSING DEVELOPMENT FUND CORP - <strong>_</strong>*****</td>
<td>OPERATING A LOW INCOME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>10014 200 VARICK STREET, NEW YORK, NY</td>
<td>HOUSING PROJECT</td>
<td>NEW YORK</td>
<td>501(C)(3)</td>
<td>LINE 7</td>
<td>PROJECT RENEWAL FUND, INC.</td>
<td>X</td>
</tr>
<tr>
<td>2880 JEROME AVE, HDFC - <strong>_</strong>*****</td>
<td>PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS</td>
<td>NEW YORK</td>
<td>501(C)(4)</td>
<td></td>
<td>PROJECT RENEWAL FUND, INC.</td>
<td>X</td>
</tr>
<tr>
<td>200 VARICK STREET, NEW YORK, NY 10014</td>
<td>PROVIDE AFFORDABLE HOUSING FOR MEN WITH MENTAL ILLNESS</td>
<td>NEW YORK</td>
<td>501(C)(4)</td>
<td></td>
<td>PROJECT RENEWAL, INC.</td>
<td>X</td>
</tr>
<tr>
<td>HOLLAND HOTEL HOUSING DEVELOPMENT FUND CORP - <strong>_</strong>*****</td>
<td>PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS</td>
<td>NEW YORK</td>
<td>501(C)(3)</td>
<td>LINE 7</td>
<td>PROJECT RENEWAL FUND, INC.</td>
<td>X</td>
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</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part II: Continuation of Identification of Related Tax-Exempt Organizations

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled organization?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MANHATTAN BOWERY MANAGEMENT CORPORATION - <strong>-</strong>****, 200 VARICK STREET, NEW YORK, NY</td>
<td>PROVIDE JOB TRAINING AND REHABILITATION FOR FORMER</td>
<td>NEW YORK</td>
<td>501(C)(3)</td>
<td>LINE 12B, II</td>
<td>PROJECT RENEWAL</td>
<td>No</td>
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<tr>
<td>NORTH STAR HOUSING, INC - <strong>-</strong>****</td>
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</tr>
<tr>
<td>200 VARICK STREET</td>
<td>PROVIDE AFFORDABLE HOUSING</td>
<td>NEW YORK</td>
<td>501(C)(3)</td>
<td>LINE 10</td>
<td>PROJECT RENEWAL</td>
<td>Yes</td>
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<tr>
<td>NEW YORK, NY 10014</td>
<td>FOR LOW INCOME INDIVIDUALS</td>
<td>NEW YORK</td>
<td>501(C)(3)</td>
<td>LINE 10</td>
<td>FUND, INC.</td>
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<tr>
<td>PRI HEALTHCARE, INC - <strong>-</strong>****</td>
<td>PROVIDING A TREATMENT</td>
<td>NEW YORK</td>
<td>501(C)(3)</td>
<td>LINE 7</td>
<td>PROJECT RENEWAL</td>
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<td>200 VARICK STREET</td>
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<td>LINE 7</td>
<td>FUND, INC.</td>
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<tr>
<td>NEW YORK, NY 10014</td>
<td>CENTER</td>
<td>NEW YORK</td>
<td>501(C)(3)</td>
<td>LINE 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRI VILLA AVENUE HDFC - <strong>-</strong>****</td>
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<td>200 VARICK STREET</td>
<td>OPERATING A LOW INCOME HOUSING PROJECT</td>
<td>NEW YORK</td>
<td>501(C)(4)</td>
<td></td>
<td>PROJECT RENEWAL</td>
<td>Yes</td>
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<tr>
<td>NEW YORK, NY 10014</td>
<td></td>
<td>NEW YORK</td>
<td>501(C)(4)</td>
<td></td>
<td>INC.</td>
<td></td>
</tr>
<tr>
<td>PROJECT RENEWAL FUND INC - <strong>-</strong>****</td>
<td>PROVIDING SERVICES TO HOMELESS AND FORMERLY HOMELESS</td>
<td>NEW YORK</td>
<td>501(C)(3)</td>
<td>LINE 7</td>
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<td>Yes</td>
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<td>200 VARICK STREET</td>
<td>HOMELESS</td>
<td>NEW YORK</td>
<td>501(C)(3)</td>
<td>LINE 7</td>
<td>N/A</td>
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<tr>
<td>PROJECT RENEWAL HDFC - <strong>-</strong>****</td>
<td>PROVIDE AFFORDABLE HOUSING</td>
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<td>200 VARICK STREET</td>
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<td></td>
</tr>
<tr>
<td>NEW YORK, NY 10014</td>
<td>FOR LOW INCOME INDIVIDUALS</td>
<td>NEW YORK</td>
<td>501(C)(3)</td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**-***2882
04-01-18
### 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.
- **Disproportionate allocations?**
- **Legal domicile (state or foreign country)**
- **General or managing partner?**

<table>
<thead>
<tr>
<th>Name, address, and EIN of related organization</th>
<th>Primary activity</th>
<th>Legal domicile (state or foreign country)</th>
<th>Direct controlling entity</th>
<th>Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>Share of total income</th>
<th>Share of end-of-year assets</th>
<th>Disproportionate allocations?</th>
<th>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>General or managing partner?</th>
<th>Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 MINERVIA PLACE LP - **-*******, 200 VARICK STREET, NEW YORK, NY 10014</td>
<td>OPERATING THE MINERVIA PLACE INCOME TENANTS</td>
<td>NY</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>MRG PARTNERS LP - **-*******, 200 VARICK STREET, NEW YORK, NY 10014</td>
<td>OPERATING THE STARTING HOME INCOME TENANTS</td>
<td>NY</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>PRI VILLA AVENUE LP - **-*******, 200 VARICK STREET, NEW YORK, NY 10014</td>
<td>OPERATING THE VILLA AVENUE INCOME TENANTS</td>
<td>NY</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>ST. NICHOLAS HOUSE LIMITED Partnership - **-*******, 200 VARICK STREET, NEW YORK, NY 10014</td>
<td>OPERATING THE HOUSE PROJECT FOR LOW INCOME</td>
<td>NY</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<td>N/A</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Name, address, and EIN of related organization</th>
<th>Primary activity</th>
<th>Legal domicile (state or foreign country)</th>
<th>Direct controlling entity</th>
<th>Type of entity (C corp, S corp, or trust)</th>
<th>Share of total income</th>
<th>Share of end-of-year assets</th>
<th>Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 MINERVIA PLACE GP - **-*******, 200 VARICK STREET, NEW YORK, NY 10014</td>
<td>OPERATING A LOW INCOME HOUSING</td>
<td>NY</td>
<td>N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
</tr>
<tr>
<td>STARTING HOMES INC - **-*******, 200 VARICK STREET, NEW YORK, NY 10014</td>
<td>OPERATING A LOW INCOME HOUSING</td>
<td>NY</td>
<td>N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
</tr>
<tr>
<td>PRI VILLA AVENUE GP INC - **-*******, 200 VARICK STREET, NEW YORK, NY 10014</td>
<td>OPERATING A LOW INCOME HOUSING</td>
<td>NY</td>
<td>N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
</tr>
<tr>
<td>VILLA RENEWAL INC</td>
<td>OPERATING A LOW INCOME HOUSING</td>
<td>NY</td>
<td>N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
</tr>
<tr>
<td>WASHINGTON FLETCHER OMH CORPORATION - **-*******, 200 VARICK STREET, NEW YORK, NY 10014</td>
<td>OPERATING A LOW INCOME HOUSING</td>
<td>NY</td>
<td>N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
</tr>
<tr>
<td>(a) Name, address, and EIN of related organization</td>
<td>(b) Primary activity</td>
<td>(c) Legal domicile (state or foreign country)</td>
<td>(d) Direct controlling entity</td>
<td>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</td>
<td>(f) Share of total income</td>
<td>(g) Share of end-of-year assets</td>
<td>(h) Disproportionate allocations?</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------------------</td>
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</tr>
<tr>
<td>Washington Fletcher OMH LP - **-*******, 200 Varick Washington Street, New York, NY 10014</td>
<td>Operating the Avenue Project</td>
<td>NY</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>2880 Jerome Ave LP 2880 Jerome 200 Varick Street Project for Low New York, NY 10014</td>
<td>Operating the Income Tenants</td>
<td>NY</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
</tr>
</tbody>
</table>
### Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Direct controlling entity</th>
<th>(d) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROJECT RENEWAL VILLA AVENUE GP</td>
<td>OPERATING A LOW</td>
<td>NY N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
</tr>
<tr>
<td>200 VARICK STREET</td>
<td>INCOME HOUSING</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>NEW YORK, NY 10014</td>
<td>PROJECT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST. NICHOLAS HOUSE GP CORP - <strong>-</strong>*****</td>
<td>OPERATING A LOW</td>
<td>NY N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
</tr>
<tr>
<td>200 VARICK STREET</td>
<td>INCOME HOUSING</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>NEW YORK, NY 10014</td>
<td>PROJECT</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2880 JEROME AVE GP INC.</td>
<td>OPERATING A LOW</td>
<td>NY N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
</tr>
<tr>
<td>200 VARICK STREET</td>
<td>INCOME HOUSING</td>
<td></td>
<td></td>
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<tr>
<td>NEW YORK, NY 10014</td>
<td>PROJECT</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10 MINERVA PLACE HDFC - <strong>-</strong>******</td>
<td>OPERATING A LOW</td>
<td>NY N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
</tr>
<tr>
<td>200 VARICK STREET</td>
<td>INCOME HOUSING</td>
<td></td>
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<tr>
<td>NEW YORK, NY 10014</td>
<td>PROJECT</td>
<td></td>
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</tr>
</tbody>
</table>

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*Schedule R (Form 990)  
PROJECT RENEWAL, INC.  
**-***2882  
04-01-18*
**Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   - Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   - Gift, grant, or capital contribution to related organization(s)
   - Gift, grant, or capital contribution from related organization(s)
   - Loans or loan guarantees to or for related organization(s)
   - Loans or loan guarantees by related organization(s)
   - Dividends from related organization(s)
   - Sale of assets to related organization(s)
   - Purchase of assets from related organization(s)
   - Exchange of assets with related organization(s)
   - Lease of facilities, equipment, or other assets to related organization(s)
   - Lease of facilities, equipment, or other assets from related organization(s)
   - Performance of services or membership or fundraising solicitations for related organization(s)
   - Performance of services or membership or fundraising solicitations by related organization(s)
   - Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   - Sharing of paid employees with related organization(s)
   - Reimbursement paid to related organization(s) for expenses
   - Reimbursement paid by related organization(s) for expenses
   - Other transfer of cash or property to related organization(s)
   - Other transfer of cash or property from related organization(s)

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.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) MANHATTAN BOWERY MANAGEMENT CORPORATION</td>
<td>J</td>
<td>96,000</td>
<td>CASH</td>
</tr>
<tr>
<td>(2) MANHATTAN BOWERY MANAGEMENT CORPORATION</td>
<td>S</td>
<td>200,000</td>
<td>CASH</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(5)</td>
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<tr>
<td>(6)</td>
<td></td>
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</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

ST. NICHOLAS HOUSE LIMITED PARTNERSHIP

PRIMARY ACTIVITY: OPERATING THE ST. NICHOLAS HOUSE PROJECT FOR LOW INCOME TENANTS

NAME OF RELATED ORGANIZATION:

WASHINGTON FLETCHER OMH LP

PRIMARY ACTIVITY: OPERATING THE WASHINGTON AVENUE PROJECT FOR LOW INCOME TENANTS
### Exempt Organization Business Income Tax Return

**Form 990-T**

**Exempt under section 501:**
- (C) 501(c)(3)
- 401(a) 408A
- 529(a)

**Print or Type:**
- PROJECT RENEWAL, INC.
- 200 VARICK STREET, NO. 9TH FL
- NEW YORK, NY 10014

**Check box if name changed and see instructions:**
- X

**Related organizations (see instructions):**
- Length of time related
- Description of type of relationship

**Enter the number of the organization’s unrelated trades or businesses:**
- [ ]

**Check organization type:**
- [ ] 501(c) corporation
- [ ] 501(c) trust
- [ ] 401(a) trust
- [ ] Other trust

**Name of organization:**
- STEVEN JONES, CFO

**Telephone number:**
- 212 620 0340

### Part I Unrelated Trade or Business Income

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Gross receipts or sales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Less returns and allowances</td>
<td>e Balance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cost of goods sold (Schedule A, line 7)</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross profit. Subtract line 2 from line 1c</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Capital gain net income (attach Schedule D)</td>
<td>4a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td>4b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>Capital loss deduction for trusts</td>
<td>4c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Income (loss) from a partnership or an S corporation (attach statement)</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Rent income (Schedule C)</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Unrelated debt-financed income (Schedule E)</td>
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<tr>
<td>8</td>
<td>Interest, annuities, royalties, and rents from a controlled organization (Schedule F)</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Exploited exempt activity income (Schedule I)</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Advertising income (Schedule J)</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income (See instructions; attach schedule)</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Total. Combine lines 3 through 12</td>
<td>13</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### Part II Deductions Not Taken Elsewhere

(See instructions for limitations on deductions.)

**Except for contributions, deductions must be directly connected with the unrelated business income.**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Compensation of officers, directors, and trustees (Schedule K)</td>
<td>14</td>
<td></td>
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</tr>
<tr>
<td>15</td>
<td>Salaries and wages</td>
<td>15</td>
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</tr>
<tr>
<td>16</td>
<td>Repairs and maintenance</td>
<td>16</td>
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</tr>
<tr>
<td>17</td>
<td>Bad debts</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Interest (attach schedule) (see instructions)</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Taxes and licenses</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Charitable contributions (See instructions for limitation rules)</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Depreciation (attach Form 4562)</td>
<td>21</td>
<td>22a</td>
<td>22b</td>
</tr>
<tr>
<td>22</td>
<td>Less depreciation claimed on Schedule A and elsewhere on return</td>
<td>22a</td>
<td></td>
<td>22b</td>
</tr>
<tr>
<td>23</td>
<td>Depletion</td>
<td>23</td>
<td></td>
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<td>24</td>
<td>Contributions to deferred compensation plans</td>
<td>24</td>
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</tr>
<tr>
<td>25</td>
<td>Employee benefit programs</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Excess exempt expenses (Schedule I)</td>
<td>26</td>
<td></td>
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</tr>
<tr>
<td>27</td>
<td>Excess readership costs (Schedule J)</td>
<td>27</td>
<td></td>
<td></td>
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<tr>
<td>28</td>
<td>Other deductions (attach schedule)</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Total deductions. Add lines 14 through 28</td>
<td>29</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13</td>
<td>30</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Unrelated business taxable income. Subtract line 31 from line 30</td>
<td>32</td>
<td>0</td>
<td></td>
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</table>
### Part III  Total Unrelated Business Taxable Income

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Total of unrelated business taxable income computed from all unrelated trades or businesses</td>
<td>0</td>
</tr>
<tr>
<td>34</td>
<td>Amounts paid for disallowed fringes</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Deduction for net operating loss arising in tax years beginning before January 1, 2018</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Specific deduction (Generally $1,000, but see line 37 instructions for exceptions)</td>
<td>1,000</td>
</tr>
<tr>
<td>38</td>
<td>Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36</td>
<td>0</td>
</tr>
</tbody>
</table>

### Part IV  Tax Computation

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>Multiply line 38 by 21% (0.21)</td>
<td>0</td>
</tr>
<tr>
<td>40</td>
<td>Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Tax rate schedule or [ ] Schedule D (Form 1041)</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Proxy tax. See instructions</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Alternative minimum tax (trusts only)</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Tax on Noncompliant Facility Income. See instructions</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies</td>
<td>0</td>
</tr>
</tbody>
</table>

### Part V  Tax and Payments

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>45a</td>
<td>Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)</td>
<td></td>
</tr>
<tr>
<td>45b</td>
<td>Other credits (see instructions)</td>
<td></td>
</tr>
<tr>
<td>45c</td>
<td>General business credit. Attach Form 3800</td>
<td></td>
</tr>
<tr>
<td>45d</td>
<td>Credit for prior year minimum tax (attach Form 8801 or 8827)</td>
<td></td>
</tr>
<tr>
<td>45e</td>
<td>Total credits. Add lines 45a through 45d</td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Subtract line 45e from line 44</td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8801 [ ] Form 8866 [ ] Other (see instructions)</td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Total tax. Add lines 46 and 47 (see instructions)</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2</td>
<td></td>
</tr>
<tr>
<td>50a</td>
<td>Payments: A 2017 overpayment credited to 2018</td>
<td>2,935</td>
</tr>
<tr>
<td>50b</td>
<td>2018 estimated tax payments</td>
<td>98,867</td>
</tr>
<tr>
<td>50c</td>
<td>Tax deposited with Form 8868</td>
<td></td>
</tr>
<tr>
<td>50d</td>
<td>Foreign organizations; Tax paid or withheld at source (see instructions)</td>
<td></td>
</tr>
<tr>
<td>50e</td>
<td>Backup withholding (see instructions)</td>
<td></td>
</tr>
<tr>
<td>50f</td>
<td>Credit for small employer health insurance premiums (attach Form 8941)</td>
<td></td>
</tr>
<tr>
<td>50g</td>
<td>Other credits, adjustments, and payments: Form 2439</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Form 4136 [ ] Other</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>Total payments. Add lines 50a through 50g</td>
<td>99,160</td>
</tr>
<tr>
<td>52</td>
<td>Estimated tax penalty (see instructions). Check if Form 2220 is attached</td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed</td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid</td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>Enter the amount of line 54 you want: Credited to 2019 estimated tax</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refunded</td>
<td></td>
</tr>
</tbody>
</table>

### Part VI  Statements Regarding Certain Activities and Other Information

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If &quot;Yes,&quot; the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If &quot;Yes,&quot; enter the name of the foreign country here</td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If &quot;Yes,&quot; see instructions for other forms the organization may have to file.</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Enter the amount of tax-exempt interest received or accrued during the tax year</td>
<td></td>
</tr>
</tbody>
</table>

### Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

<table>
<thead>
<tr>
<th>Signature of officer</th>
<th>Date</th>
<th>Title</th>
<th>President &amp; CEO</th>
</tr>
</thead>
</table>

### Paid Preparer

<table>
<thead>
<tr>
<th>Print/Type preparer's name</th>
<th>Preparer's signature</th>
<th>Date</th>
<th>Check [ ] if self-employed</th>
<th>PTIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROBERT R. LYONS, CPA</td>
<td>ROBERT R. LYONS, CPA</td>
<td>07/13/20</td>
<td></td>
<td>P00227472</td>
</tr>
</tbody>
</table>

### Firm's address

685 THIRD AVENUE
NEW YORK, NY 10017

Phone no. 212-503-8800

823711 01-09-19

Form 990-T (2018)
**Application for Automatic Extension of Time To File an Exempt Organization Return**

<table>
<thead>
<tr>
<th>Application</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

**STEVEN JONES, CFO**

- The books are in the care of: 200 VARICK STREET 9TH FLOOR - NEW YORK, NY 10014
- Telephone No. 212 620 0340  Fax No.  

1. I request an automatic 6-month extension of time until MAY 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:
   - calendar year
   - tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

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

3a. If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

   3a  $ 0.

b. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

   3b  $ 0.

c. **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

   3c  $ 0.

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

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

Form 8868 (Rev. 1-2019)
Form 8868 (Rev. January 2019)

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

- File a separate application for each return.
- Go to www.irs.gov/Form8868 for the latest information.

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

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

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

**Enter filer’s identifying number**

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PROJECT RENEWAL, INC. **---***2882</td>
<td></td>
</tr>
</tbody>
</table>

**Number, street, and room or suite no. If a P.O. box, see instructions.**

<table>
<thead>
<tr>
<th>Number, street, and room or suite no.</th>
<th>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 VARICK STREET, NO. 9TH FL</td>
<td>NEW YORK, NY 10014</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Application Code</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation) 07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A 08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual) 09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227 10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069 11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870 12</td>
</tr>
</tbody>
</table>

**STEVEN JONES, CFO**

- The books are in the care of: 200 VARICK STREET 9TH FLOOR - NEW YORK, NY 10014
- Telephone No. 212 620 0340
- Fax No. 212 620 0340

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

1. I request an automatic 6-month extension of time until MAY 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization’s return for: calendar year or tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

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

3a. If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. $99,160.00

3b. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. $99,160.00

3c. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. $0.00

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

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

Form 8868 (Rev. 1-2019)
TAX RETURN FILING INSTRUCTIONS
NEW YORK FORM CHAR500
FOR THE YEAR ENDING
JUNE 30, 2019

PREPARED FOR:

PROJECT RENEWAL, INC.
200 VARICK STREET NO. 9TH FL
NEW YORK, NY 10014

PREPARED BY:

MARKS PANETH LLP
685 THIRD AVENUE
NEW YORK, NY 10017

AMOUNT OF TAX:

BALANCE DUE OF $275

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL
CHARITIES BUREAU REGISTRATION SECTION
28 LIBERTY STREET
NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:


SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:  

Signature  
Print Name and Title  Date

Chief Financial Officer or Treasurer:  

Signature  
Print Name and Title  Date

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

☐ 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed $25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

☐ 3b. EPTL filing exemption: Gross receipts did not exceed $25,000 and the market value of assets did not exceed $25,000 at any time during the fiscal year.

4. Schedules and Attachments
See the following page for a checklist of schedules and attachments to complete your filing.  

☐ Yes  ☐ No  4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

☐ Yes  ☐ No  4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee
See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:

7A filing fee:  $25.

EPTL filing fee:  $250.

Total fee:  $275.

Make a single check or money order payable to:  "Department of Law"

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

*The "Exempt" category refers to an organization’s NYS registration status. It does not refer to its IRS tax designation.
Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:
- If you answered “yes” in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered “yes” in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:
- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded $25,000 and/or our assets exceeded $25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant’s Review or Audit Report:
- Review Report if you received total revenue and support greater than $250,000 and up to $750,000.
- Audit Report if you received total revenue and support greater than $750,000
- No Review Report or Audit Report is required because total revenue and support is less than $250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:
- $0, if you checked the 7A exemption in Part 3a
- $25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:
- $0, if you checked the EPTL exemption in Part 3b
- $25, if the NET WORTH is less than $50,000
- $50, if the NET WORTH is $50,000 or more but less than $250,000
- $100, if the NET WORTH is $250,000 or more but less than $1,000,000
- $250, if the NET WORTH is $1,000,000 or more but less than $10,000,000
- $750, if the NET WORTH is $10,000,000 or more but less than $50,000,000
- $1500, if the NET WORTH is $50,000,000 or more

Send Your Filing

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

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

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law (“7A”)
- EPTL filers are registered under the Estates, Powers & Trusts Law (“EPTL”) because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.
- EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

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

Where do I find my organization’s NET WORTH?
NET WORTH for fee purposes is calculated on:
- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).
If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. **Organization Information**

<table>
<thead>
<tr>
<th>Name of Organization:</th>
<th>NY Registration Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROJECT RENEWAL, INC.</td>
<td>01 11 71</td>
</tr>
</tbody>
</table>

2. **Government Grants**

<table>
<thead>
<tr>
<th>Name of Government Agency</th>
<th>Amount of Grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. NYC DEPARTMENT OF HEALTH &amp; MENTAL HYGIENE</td>
<td>7,926,993.</td>
</tr>
<tr>
<td>2. NYC DEPARTMENT OF HOMELESS SERVICES</td>
<td>42,735,719.</td>
</tr>
<tr>
<td>3. NYC DIVISION OF AIDS SERVICES</td>
<td>522,712.</td>
</tr>
<tr>
<td>4. NYC MANHATTAN DISTRICT OFFICE</td>
<td>110,732.</td>
</tr>
<tr>
<td>5. NYC-CITY COUNCIL</td>
<td>337,500.</td>
</tr>
<tr>
<td>6. NYC-MANHATTAN DISTRICT</td>
<td>33,257.</td>
</tr>
<tr>
<td>7. NYS OFFICE OF ALCOHOLISM &amp; SUBSTANCE ABUSE</td>
<td>2,414,620.</td>
</tr>
<tr>
<td>8. NYS OFFICE OF MENTAL HEALTH</td>
<td>7,664,821.</td>
</tr>
<tr>
<td>9. NYS OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE</td>
<td>119,000.</td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
</tr>
</tbody>
</table>

   Total Government Grants: **68,304,560.**