

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNION SETTLEMENT ASSOCIATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 237 EAST 104TH STREET City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10029 F Name and address of principal officer: JENNIFER GEILING SAME AS C ABOVE	D Employer identification number 13-1632530 E Telephone number 212-828-6000 G Gross receipts \$ 40,439,892. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNIONSETTLEMENT.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1902
		M State of legal domicile: NY

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: UNION SETTLEMENT CREATES OPPORTUNITY IN EAST HARLEM BY OFFERING COMPREHENSIVE PROGRAMS THAT		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	31
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	483
	6	Total number of volunteers (estimate if necessary)	6	325
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	22,086,235.	32,082,925.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,683,845.	5,914,850.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	156,493.	188,393.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,980.	4,624.
12			27,968,553.	38,190,792.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	212,332.	4,001,086.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,225,228.	18,594,295.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 912,091.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,707,656.	9,746,193.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,145,216.	32,341,574.
	19	Revenue less expenses. Subtract line 18 from line 12	1,823,337.	5,849,218.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	17,259,758.	21,665,441.
	22	Net assets or fund balances. Subtract line 21 from line 20	14,382,957.	10,149,616.
	22		2,876,801.	11,515,825.

Part II Signature Block

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

Sign Here	Signature of officer LIJO CHIRAYIL VARGHESE, DIRECTOR OF FINANCE Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 05/17/22	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's address ▶ 500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633	Firm's EIN ▶ 27-1728945	Phone no. 914-381-8900	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNION SETTLEMENT ASSOCIATION CREATES OPPORTUNITY IN EAST HARLEM BY OFFERING COMPREHENSIVE PROGRAMS THAT HELP UNDERSERVED RESIDENTS IMPROVE THEIR SKILLS AND BUILD BETTER LIVES FOR THEMSELVES AND THEIR FAMILIES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 8,086,178. including grants of \$ 14,518.) (Revenue \$ 1,279,391.) EARLY CHILDHOOD EDUCATION: HIGH-QUALITY, FULL-DAY EDUCATIONAL PROGRAMS SERVING UP TO 700 INFANTS, TODDLERS AND PRESCHOOLERS, AGES EIGHT WEEKS TO FIVE YEARS.

4b (Code:) (Expenses \$ 7,595,029. including grants of \$ 11,389.) (Revenue \$ 47,030.) YOUTH SERVICES: OUR YOUTH SERVICES DEPARTMENT PROVIDES MORE THAN 3,000 CHILDREN, ADOLESCENTS AND YOUNG ADULTS WITH PROGRAMS THAT FOSTER CREATIVITY, CURIOSITY, RESILIENCE AND PROBLEM SOLVING;

4c (Code:) (Expenses \$ 3,967,704. including grants of \$ 2,226.) (Revenue \$ 4,195,021.) MENTAL HEALTH SERVICES: OUR LICENSED OUTPATIENT MENTAL HEALTH COUNSELING CLINIC PROVIDES CRITICAL STRENGTH-BASED AND TRAUMA-INFORMED MENTAL HEALTH SERVICES TO OVER 1,300 CHILDREN, ADOLESCENTS, ADULTS AND SENIORS EACH YEAR,

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,446,871. including grants of \$ 3,972,953.) (Revenue \$ 393,408.)

4e Total program service expenses 27,095,782.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 241	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 31		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
LIJO CHIRAYIL VARGHESE - 212-828-6000
237 EAST 104TH STREET, NEW YORK, NY 10029

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID NOCENTI EXECUTIVE DIRECTOR	40.00			X			184,443.	0.	6,719.	
(2) GABRIELLE SHAPIRO PSYCHIATRIST	40.00				X		173,667.	0.	13,230.	
(3) DERRICK BOONE ASSOCIATE EXECUTIVE DIRECTOR	40.00				X		124,674.	0.	12,821.	
(4) LISSA SOUTHERLAND ASSOCIATE EXECUTIVE DIRECTOR	40.00				X		131,235.	0.	3,308.	
(5) SHEILA WILSON WELLS ASSOCIATE EXECUTIVE DIRECTOR	40.00				X		123,185.	0.	12,615.	
(6) KATHERINE BRADSHAW PSYCHIATRIST	40.00				X		119,520.	0.	0.	
(7) LIJO VARGHESE DIRECTOR OF FINANCE	40.00			X			106,938.	0.	2,239.	
(8) AMY SHERMAN CHAIR	4.00	X		X			0.	0.	0.	
(9) ELI GROSS VICE CHAIR	2.00	X		X			0.	0.	0.	
(10) DAWN M. ZAPPETTI VICE CHAIR	2.00	X		X			0.	0.	0.	
(11) WILLIAM ARNOLD TREASURER	2.00	X		X			0.	0.	0.	
(12) REGINALD E. HARWELL SECRETARY	2.00	X		X			0.	0.	0.	
(13) ED ADLER DIRECTOR	1.00	X					0.	0.	0.	
(14) JO-ANN BARRETT DIRECTOR	1.00	X					0.	0.	0.	
(15) DAVID CASTELBLANCO DIRECTOR	1.00	X					0.	0.	0.	
(16) SUSAN CHAPMAN DIRECTOR	1.00	X					0.	0.	0.	
(17) COURTNEY DANKWORTH DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAGDEEP DAYAL DIRECTOR	1.00	X					0.	0.	0.	
(19) ERICA DONOVAN ESTADES DIRETOR	1.00	X					0.	0.	0.	
(20) KALAIVANI S. DUANE DIRECTOR	1.00	X					0.	0.	0.	
(21) ROBERT V. EDGAR DIRECTOR	1.00	X					0.	0.	0.	
(22) ELSIE ENCARNACION DIRECTOR	1.00	X					0.	0.	0.	
(23) BRAD GREEN DIRECTOR	1.00	X					0.	0.	0.	
(24) KATE HAMILL DIRECTOR	1.00	X					0.	0.	0.	
(25) MICKIE KERSON DIRECTOR	1.00	X					0.	0.	0.	
(26) SALIQ KHAN DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							963,662.	0.	50,932.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							963,662.	0.	50,932.	

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 **9**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BTQ FINANCIAL, 115 BROADWAY, 19TH FLOOR, NEW YORK, NY 10006	MANAGEMENT SERVICES	642,071.
SPK LEWIS CONSTRUCTION, LLC 19 W 21ST ST, #402, NEW YORK, NY 10010	CONSTRUCTION SERVICES	554,216.
IPFS CORPORATION 30 MONTGOMERY STREET, JERSEY CITY, NJ 07302	FINANCIAL SERVICES	418,100.
ANDREW FRANZ ARCHITECT, PLLC 135 W 26TH ST, #10B, NEW YORK, NY 10001	ARCHITECTURAL SERVICES	252,862.
PKF O'CONNOR DAVIES 500 MAMARONECK AVENUE, HARRISON, NY 10528	ACCOUNTING SERVICES	129,400.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	651,469.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	24,450,997.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,980,459.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 160,422.				
	h Total. Add lines 1a-1f			32,082,925.			
	Program Service Revenue	2 a MANAGED CARE REVENUE	Business Code	624110	4,190,597.	4,190,597.	
b CONTRACT SERVICE FEES			624110	1,369,064.	1,369,064.		
c MEDICAID REVENUE			624100	353,430.	353,430.		
d PARTICIPANT FEES			624100	1,759.	1,759.		
e							
f All other program service revenue							
g Total. Add lines 2a-2f				5,914,850.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			82,516.		82,516.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				2,315,031.			
	b Less: cost or other basis and sales expenses	7b		2,209,154.			
	c Gain or (loss)	7c		105,877.			
d Net gain or (loss)			105,877.		105,877.		
8 a Gross income from fundraising events (not including \$ 651,469. of contributions reported on line 1c). See Part IV, line 18	8a			0.			
		b Less: direct expenses	8b		39,946.		
		c Net income or (loss) from fundraising events			-39,946.		-39,946.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code	900099	44,570.		44,570.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			44,570.			
12 Total revenue. See instructions			38,190,792.	5,914,850.	0.	193,017.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,297,846.	3,297,846.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	703,240.	703,240.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	328,274.		328,274.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,706,550.	13,163,426.	1,145,241.	397,883.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	552,370.	474,442.	63,497.	14,431.
9 Other employee benefits	1,225,844.	1,052,902.	140,916.	32,026.
10 Payroll taxes	1,781,257.	1,529,957.	204,763.	46,537.
11 Fees for services (nonemployees):				
a Management	679,758.		679,758.	
b Legal	69,903.	28,777.	39,218.	1,908.
c Accounting	102,510.	42,200.	57,512.	2,798.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,931,203.	1,298,159.	324,714.	308,330.
12 Advertising and promotion	94,169.	58,051.	34,721.	1,397.
13 Office expenses	998,830.	798,460.	151,884.	48,486.
14 Information technology				
15 Royalties				
16 Occupancy	443,369.	431,355.	11,634.	380.
17 Travel	62,466.	59,833.	2,633.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	34,487.	28,924.	5,563.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,041.		4,041.	
23 Insurance	364,837.	55,853.	308,984.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	3,215,124.	3,086,540.	126,919.	1,665.
b BAD DEBT EXPENSE	1,015,813.	350,967.	664,846.	
c PROGRAM SUPPLIES	518,145.	506,740.	7,360.	4,045.
d MISC OPERATING EXPENSES	93,540.	51,819.	4,716.	37,005.
e All other expenses _____	117,998.	76,291.	26,507.	15,200.
25 Total functional expenses. Add lines 1 through 24e	32,341,574.	27,095,782.	4,333,701.	912,091.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,446,550.	1	1,536,457.
	2 Savings and temporary cash investments	3,409,758.	2	5,786,127.
	3 Pledges and grants receivable, net	6,867,047.	3	8,181,861.
	4 Accounts receivable, net	606,920.	4	482,749.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	101,814.	9	133,592.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 80,757.		
	b Less: accumulated depreciation	10b 80,757.	4,041.	10c 0.
	11 Investments - publicly traded securities	3,787,095.	11	5,508,122.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	36,533.	15	36,533.
16 Total assets. Add lines 1 through 15 (must equal line 33)	17,259,758.	16	21,665,441.	
Liabilities	17 Accounts payable and accrued expenses	2,190,238.	17	2,541,125.
	18 Grants payable		18	
	19 Deferred revenue	1,605,288.	19	2,506,045.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,587,431.	25	5,102,446.
	26 Total liabilities. Add lines 17 through 25	14,382,957.	26	10,149,616.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	723,081.	27	8,545,888.
	28 Net assets with donor restrictions	2,153,720.	28	2,969,937.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,876,801.	32	11,515,825.
33 Total liabilities and net assets/fund balances	17,259,758.	33	21,665,441.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,190,792.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,341,574.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,849,218.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,876,801.
5	Net unrealized gains (losses) on investments	5	705,661.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,084,144.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,515,824.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21956578.	22598975.	22483791.	22086235.	32082926.	121208505
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	5303841.	5380351.	5642429.	5914252.	6185833.	28426706.
4 Total. Add lines 1 through 3	27260419.	27979326.	28126220.	28000487.	38268759.	149635211
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						149635211

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	27260419.	27979326.	28126220.	28000487.	38268759.	149635211
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	87,396.	89,905.	109,427.	169,804.	82,516.	539,048.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	96,114.	56,278.	109,573.	36,385.	44,570.	342,920.
11 Total support. Add lines 7 through 10						150517179
12 Gross receipts from related activities, etc. (see instructions)					12	24,334,375.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.41 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.24 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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

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

OTHER REVENUE

2016 AMOUNT: \$ 50,154.

2017 AMOUNT: \$ 12,443.

2018 AMOUNT: \$ 51,776.

2019 AMOUNT: \$ 5,183.

2020 AMOUNT: \$ 44,570.

INSURANCE RECOVERIES

2016 AMOUNT: \$ 40,387.

2017 AMOUNT: \$ 38,585.

REIMBURSEMENTS

2016 AMOUNT: \$ 3,541.

2017 AMOUNT: \$ 2,288.

2018 AMOUNT: \$ 57,797.

2019 AMOUNT: \$ 31,202.

VENDING INCOME

2016 AMOUNT: \$ 2,032.

2017 AMOUNT: \$ 2,962.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

UNION SETTLEMENT ASSOCIATION, INC.

Employer identification number

13-1632530

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization UNION SETTLEMENT ASSOCIATION, INC.	Employer identification number 13-1632530
-----------------------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>3,354,259.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>9,251,132.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>3,336,175.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>3,088,298.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>2,818,777.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>1,918,428.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNION SETTLEMENT ASSOCIATION, INC.	Employer identification number 13-1632530
-----------------------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,459,572.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNION SETTLEMENT ASSOCIATION, INC.	Employer identification number 13-1632530
-----------------------------------------------------------------------	---------------------------------------------------------

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

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

Name of organization UNION SETTLEMENT ASSOCIATION, INC.	Employer identification number 13-1632530
-----------------------------------------------------------------------	---------------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **UNION SETTLEMENT ASSOCIATION, INC.** Employer identification number **13-1632530**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,438,870.	2,701,228.	742,459.	684,536.	597,666.
b Contributions	760,704.	588,370.	1,603,486.		30,000.
c Net investment earnings, gains, and losses	658,599.	149,272.	355,283.	57,923.	56,870.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,858,173.	3,438,870.	2,701,228.	742,459.	684,536.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 50.6200 %
 - b Permanent endowment 48.3600 %
 - c Term endowment 1.0200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		5,379.	5,379.	0.
e Other		75,378.	75,378.	0.

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION LIABILITY	3,802,446.
(3) RECOVERABLE GRANT	1,300,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,102,446.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	47,171,544.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	705,661.	
b	Donated services and use of facilities	2b	6,190,946.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	2,084,144.	
e	Add lines 2a through 2d	2e		8,980,751.
3	Subtract line 2e from line 1	3		38,190,793.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		38,190,793.

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

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

1	Total expenses and losses per audited financial statements		1	38,532,520.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	6,190,946.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		6,190,946.
3	Subtract line 2e from line 1	3		32,341,574.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		32,341,574.

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 V, LINE 4:

UNION SETTLEMENT'S ENDOWMENT CONSISTS OF GIFTS FROM VARIOUS DONORS. THE INCOME FROM THE ASSETS WILL BE USED TO SUPPORT THE ORGANIZATIONS' PROGRAMS.

PART X, LINE 2:

UNION SETTLEMENT RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT UNION SETTLEMENT HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. UNION SETTLEMENT BELIEVES IT IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO JUNE 30, 2018.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION LIABILITY ADJUSTMENT 2,084,144.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SPRING BENEFIT (event type)	FALL RECEPTION (event type)	1 (total number)		
Revenue	1	Gross receipts	369,948.	276,521.	5,000.	651,469.
	2	Less: Contributions	369,948.	276,521.	5,000.	651,469.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment		13,850.		13,850.
	9	Other direct expenses	22,800.	3,296.		26,096.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				39,946.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-39,946.

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART II:

BOTH THE SPRING BENEFIT AND FALL RECEPTION WERE VIRTUAL EVENTS IN FISCAL YEAR 2021.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **UNION SETTLEMENT ASSOCIATION, INC.** Employer identification number **13-1632530**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ANTWERP B LLC 129 EAST 101ST STREET NEW YORK, NY 10029	47-2292854		20,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
BARCHA PIZZA INC D/B/A BARCHA 1820 MADISON AVENUE NEW YORK, NY 10035	83-3867504		20,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
EL BARRISTA CAFE 2154 3RD AVENUE NEW YORK, NY 10035	85-4033566		20,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
FOOD SIN FRONTERAS 400 EAST 120TH STREET NEW YORK, NY 10035	46-3003864		20,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
GINJAN BROS LLC 1580 PARK AVENUE NEW YORK, NY 10029	47-4371643		20,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
FFRC INC D/B/A TRIPLE.A.RESTAURANT 2061 2ND AVENUE NEW YORK, NY 10029	38-4120708		20,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **0.**
- 3** Enter total number of other organizations listed in the line 1 table **231.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAPS VENTURES INC 63 EAST 125TH STREET NEW YORK, NY 10035	82-1704855		20,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
LA GUADALUPE RESTAURANT CORP 179 EAST 115TH STREET NEW YORK, NY 10029	83-2300162		20,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
G'S CAFE GROUP INC 1798 3 RD AVENUE NEW YORK, NY 10029	84-4223218		18,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
EDWARD RODWELL D/B/A AMUSE BOUCHE NYC - 181 EAST 119 STREET - NEW YORK, NY 10035	81-2729607		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
ANTWERP J. LLC 129 EAST 101ST STREET NEW YORK, NY 10029	83-2686780		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
CASA AZUL GROUP INC D/B/A BISTRO CASA AZUL - 343 PLEASANT AVENUE - NEW YORK, NY 10035	81-3846070		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
MYNY BAKERY CAFE LLC 1565 LEXINGTON AVENUE NEW YORK, NY 10029	45-3591027		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
AZTECA WESTERN WEAR CORP 222 EAST 116TH STREET NEW YORK, NY 10029	82-3197685		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
TEDDY'S F&B D/B/A AC GMG LLC 2171 2ND AVENUE NEW YORK, NY 10029	83-3842673		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDDIE'S PIZZA & TAQUERIA CORP 184 EAST 208 STREET NEW YORK, NY 10029	83-0833285		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
HESTIANYC CORP DBA BAKED CRAVINGS 1673 LEXINGTON AVE NEW YORK, NY 10029	81-5331220		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
ISLAND BITES INC 2107 1ST AVENUE NEW YORK, NY 10029	82-5047118		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
SUPER NICE COFFEE AND BAKERY LLC 156 EAST 117TH STREET NEW YORK, NY 10035	82-5061518		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
SRIJANA GHISHING D/B/A SATHI NAIL SPA - 180 EAST 104TH STREET - NEW YORK, NY 10029	82-5061898		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
PABADE BAKERY LLC 135 EAST 110TH STREET NEW YORK, NY 10029	81-3103012		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
ITALIAN FOOD PHILOSOPHY LLC D/B/A DELL ARIA - 232 EAST 111TH STREET - NEW YORK, NY 10029	82-3087445		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
BANGKLYN CORPORATION 2051 2ND AVENUE NEW YORK, NY 10029	82-2720946		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
EL SAN JUAN RESTAURANT 1429 5TH AVENUE NEW YORK, NY 10035	82-1099806		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JZG BEAUTY SALON INC 147 EAST 103RD STREET NEW YORK, NY 10029	82-5479813		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
LIZZIE FRUITS, DELI & GROCERY 2288 2ND STREET NEW YORK, NY 10035	83-2663181		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
VIDIGAL NYC LLC 2337 1ST AVENUE NEW YORK, NY 10035	82-2206310		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
LADYS SEAFOOD & SOUL FOOD INC 2321 1ST AVENUE NEW YORK, NY 10035	82-2731124		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
OCELOTI DINER CORP 2247 1ST STREET NEW YORK, NY 10029	46-3620562		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
LIGHTHOUSE FISH MARKET 508 E. 117TH STREET NEW YORK, NY 10027	83-1051153		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
ROCKSONS CORP 1625 LEXINGTON AVENUE NEW YORK, NY 10029	83-2533751		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
1569 LEX CAFE CORP 1569 LEXINGTON AVENUE NEW YORK, NY 10029	47-2202045		34,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
2 LEGENDS LLC 508 EAST 117TH STREET NEW YORK, NY 10035	82-3627054		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
99C STAR DISCOUNT INC 1929 THIRD AVENUE NEW YORK, NY 10029	82-3628400		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
PLAY UP STUDIO LLC 1992 3RD AVENUE NEW YORK, NY 10029	83-3277007		17,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
EAST HARLEM BOTTLING CO 1711 LEXINGTON AVENUE NEW YORK, NY 10029	47-3986065		16,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
SWEET VEGAN LLC 1590 PARK AVENUE NEW YORK, NY 10029	81-3176247		16,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
EL PASO TAQUERIA CORP D/B/A EL PASO CAFE CORP - 1642 LEXINGTON AVENUE - NEW YORK, NY 10029	84-1962547		32,300.	0.			COVID-19 FINANCIAL ASSISTANCE.
UPLIFT SPA 208 EAST 116TH STREET NEW YORK, NY 10029	60-9050148		16,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
LETS SMILE DENTAL PC 208 EAST 116TH STREET NEW YORK, NY 10029	81-4150166		16,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
FRENCHY COFFE NYC LLC 129 EAST 102ND STREET NEW YORK, NY 10029	61-1791813		16,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
106 FAMILY DELI & GROCERY INC 318 E 106TH STREET NEW YORK, NY 10029	47-1029410		16,200.	0.			COVID-19 FINANCIAL ASSISTANCE.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AHMAD GROUP INC DBA AHMAD PACK N SHIP - 2196 THIRD AVENUE - NEW YORK, NY 10035	84-4346385		16,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
TRAVERTINO LLC 118 EAST 116TH STREET NEW YORK, NY 10029	37-1946172		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
MFG ENTERPRISES D/B/A ARMONIE 1649 PARK AVENUE NEW YORK, NY 10035	46-0882718		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
BACKTHREE INC 2289 1ST AVENUE NEW YORK, NY 10035	47-3966241		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
DOMEX ADORNO LLC DBA BLUE COCO 153 106TH STREET NEW YORK, NY 10029	47-1818147		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
EL PUEBLO MEXICANO GROCERY 238 E 116TH STREET NEW YORK, NY 10029	13-4003857		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
SAPOARA LLC 2262 FIRST AVENUE NEW YORK, NY 10035	47-4124254		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
MAJESTIC IMAGES INTERNATIONAL D/B/A THE BROWNSTONE - 24 EAST 125TH STREET - NEW YORK, NY 10035	13-4131285		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
AMADO FERNANDEZ D/B/A COMPI.BARBER.SHOP - 1703 LEXINGTON AVENUE - NEW YORK, NY 10029	72-9140066		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUNRITE GLASS AND WINDOWS CO INC 1691 LEXINGTON VENUE NEW YORK, NY 10029	13-3533382		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
H&M ART AND HOME DCOR INC 17TH EAST 125TH STREET NEW YORK, NY 10035	20-4957744		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
JULIO VALDEZ STUDIO LLC 176 EAST 106TH STREET, NEW YORK, NY 10029	27-5208135		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
CARANDA EMPORIUM LLC D/B/A SERENGETI, TEAS&SOUCES - 225 EAST 125TH STREET - NEW YORK, NY 10035	27-1234765		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
SPRINKLE SPLASH INC 1590 PARK AVENUE NEW YORK, NY 10029	27-3971435		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
SISTERS CUISINE INC 47 EAST 124TH STREET NEW YORK, NY 10035	13-3830454		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
RASBERRY DELI GROCERY CO 2127 2ND AVENUE NEW YORK, NY 10029	26-4213297		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
RANDY BARBERSHOP UNISEX INV 106 EAST 116TH STREET NEW YORK, NY 10029	46-2601977		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
DIRECT PRINT INC 77 EAST 125TH STREET NEW YORK, NY 10035	45-2562013		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDDIE JRS HAIR SALON INC 1602 MADISON AVENUE NEW YORK, NY 10029	37-1435807		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
JAGUAR RESTAURANT INC 1735 LEXINGTON AVENUE NEW YORK, NY 10029	71-0963491		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
MULLERO KAIZEN DO LLC 1786 3RD AVENUE NEW YORK, NY 10029	04-3813473		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
THE LAW OFFICE OF CESAR A.FERNANDEZ, PC - 2298 FIRST AVENUE - NEW YORK, NY 10035	06-1719687		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
UPTOWN VEG INC 52 E. 125TH STREET NEW YORK, NY 10035	27-3117076		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
COPYKAT INFORMATION & BUSINESS CENTER INC. - 1785 LEXINGTON AVE - NEW YORK, NY 10029	13-3975765		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
JAVI FLAT FIX 314 EAST 112TH STREET NEW YORK, NY 10029	45-2962225		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
J CELLAN DESIGNS LLC 501 EAST 116TH STREET NEW YORK, NY 10029	47-1636363		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
KALLEJON CORP 209 EAST 117TH STREET NEW YORK, NY 10035	47-1689336		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUXURY HAIR LOUNGE LLC 111 EAST 125TH STREET NEW YORK, NY 10035	81-4901930		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
O&G PARTY PALACE CORP 2175 THIRD AVENUE NEW YORK, NY 10035	81-1923933		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
A FERNANDEZ ASSOC 2032 MADISON AVENUE NEW YORK, NY 10035	13-3558685		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
BABACAR FALL D/B/A BABA FASHION HARLEM - 1945 MADISON AVENUE - NEW YORK, NY 10035	11-5947261		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
109 EMBROIDERY INC 1955 THIRD AVENUE NEW YORK, NY 10029	33-5923223		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
CRYSTAL CLEAN HOUSE INC 109 EAST 116TH STREET NEW YORK, NY 10029	04-3688416		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
NEXT LEVEL BARBERS INC 128 EAST 111TH STREET NEW YORK, NY 10029	81-3431822		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
AVENUE NAIL 1 INC 1774 LEXINGTON AVE NEW YORK, NY 10029	47-4053456		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
DEM LEXINGTON CORP 1693 LEXDINGTON AVENUE NEW YORK, NY 10029	82-2323151		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOBE ABEKOUTA INC 4 EAST 116TH /STREET NEW YORK, NY 10029	45-5282400		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
OWEN'S VARIETY INC 108 EAST 116TH STREET NEW YORK, NY 10029	83-2479701		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
POUNCING TIGERS INC 2032 2ND AVENUE NEW YORK, NY 10029	90-0585578		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
AMIS DISCOUNTED FURNITURE LLC 2026 3RD AVENUE NEW YORK, NY 10029	47-1450217		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
LA FONDA RESTAURANT AND TAPAS BAR INC - 169 EAST 106TH STREET - NEW YORK, NY 10029	45-3042361		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
AMERICA JEWELRY REPAIR INC 106 EAST 116TH STREET NEW YORK, NY 10029	13-3962051		15,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
CONNY NAIL SALON LLC 1986 3RD AVENUE NEW YORK, NY 10029	83-4468868		15,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
7 BROTHERS DELI & GRILL CORP 2866 1ST AVENUE NEW YORK, NY 10035	84-3852718		15,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
DEBRA SEIDMAN 68 EAST 127TH STREET NEW YORK, NY 10035	27-3914710		15,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUALITY AND NATURAL FOOD CORP 107 EAST 125TH STREET NEW YORK, NY 10035	81-0786106		15,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
EL BARRIO VIDEO WIRELESS 232 EAST 116TH STREET NEW YORK, NY 10029	14-1873392		15,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
NITS DOLLAR DEALS INC 1804 3RD AVENUE NEW YORK, NY 10029	84-3638075		15,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
BISTRO 1971 INC 1976 1ST AFENUE NEW YORK, NY 10029	46-3155774		15,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
CLARA 4 EVER BEAUTY PARLOR LLC 2151 2ND AVENUE NEW YORK, NY 10029	30-1236133		15,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
EUROMEX SOCCER CORP 246 EAST 116TH STREET NEW YORK, NY 10029	27-2356517		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
PANAMA HAT ROASTERS LLC D/B/A DEAR MAMA COFFEE - 308 EAST 109TH STREET - NEW YORK, NY 10029	47-4065520		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
SPAHA LOUNGE INC 1634 LEXINGTON AVENUE NEW YORK, NY 10029	26-1915782		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
BEST LEXINGTON PIZZA CORP 1634 LEXINGTON AVENUE NEW YORK, NY 10029	90-0753128		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
B&S ACCOUNTING SERVICES 1978 THIRD AVENUE 2ND FL NEW YORK, NY 10029	20-2899206		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
EVELYN'S KITCHEN 2317 FIRST AVENUE NEW YORK, NY 10035	27-1705560		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
NOCCIOLA110 CORP D/B/A EL PASO 123 EAST 110TH STREET NEW YORK, NY 10029	47-5004507		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
COINCI-DENTAL, PC 181 EAST 104TH STREET NEW YORK, NY 10029	46-1329882		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
D.H.EAGLE PLUMBING LLC 2250 2ND AVENUE NEW YORK, NY 10029	77-0719336		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
FU WING GARDEN INC 153 EAST 106TH STREET NEW YORK, NY 10029	81-2889932		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
HARLEM USA STORE INC 20 EAST 125TH STREET NEW YORK, NY 10035	13-4026515		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
LOS PINOS RESTAURANT CORP DBA PIPO'S RESTAURANT - 166 E 118TH ST - NEW YORK, NY 10035	61-1730316		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
MAKISO CORP 2085 LEXINGTON AVENUE NEW YORK, NY 10029	20-0717995		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.

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TEAMWORKON3 LLC 2007 LEXINGTON AVENUE NEW YORK, NY 10035	09-3721164		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
LAS DELICIAS MEXICANAS CORP 21-09 3RD AVE NEW YORK, NY 10029	20-8969523		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
EL BARRIOS CAR SERVICE LLC 220 EAST 116TH STREET NEW YORK, NY 10029	45-5373947		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
MICKI GARCIA REALTY INC 11 EAST 125TH STREET NEW YORK, NY 10035	27-4727292		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
HOTEL BARK AVENUE LLC 143 EAST 103RD STREET NEW YORK, NY 10029	81-2010003		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
EL NUEVO CARRIBENO INC 1675 LEXINGTON AVENUE NEW YORK, NY 10029	82-3662733		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
HEAVY METAL BIKE SHOP D/B/A JOSE ORLANDO SEDANO - 2016 3RD AVENUE - NEW YORK, NY 10029	13-4069130		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
315 FINEST FOOD AND DELI CORP 315 PLEASANT AVENUE NEW YORK, NY 10035	47-5156440		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
EXCLUSIVE DENTAL STUDIOS/ MADISON AVENUE DENTAL ASSOCIATES -ACH - 1825 MADISON AVENUE - NEW YORK, NY 10035	41-2188853		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.

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MARK INC DBA EYES FOR U OPTICAL 1930 THIRD AVENUE NEW YORK, NY 10029	13-3890813		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
BORN STAR AMERICA CORP 213 EAST 117TH STREET NEW YORK, NY 10035	47-2076481		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
DAE YOUNG LAUNDROMAT CORP 359 EAST 105TH STREET NEW YORK, NY 10029	20-5164826		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
1621 A EL TEPEYAC CORP 1621-A LEXINGTON AVENUE NEW YORK, NY 10029	46-2896754		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
KCS CRYSTAL INC 2264 1ST AVENUE NEW YORK, NY 10035	20-5544212		14,100.	0.			COVID-19 FINANCIAL ASSISTANCE.
A&M FOOD CORP 10 EAST 125TH STREET NEW YORK, NY 10035	37-1949225		14,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
MOCHA COFFEE & JUICE BAR 203 EAST 121ST STREET NEW YORK, NY 10035	82-2250050		14,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
COOP ARCOIRIS LLC 1627 PARK AVENUE NEW YORK, NY 10029	45-2732427		14,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
103 FAMILY DELI INC 2006 2ND AVENUE NEW YORK, NY 10029	83-1846433		14,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

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S&C KIDS POWER CORP 1935 THIRD AVENUE NEW YORK, NY 10029	71-1038991		13,800.	0.			COVID-19 FINANCIAL ASSISTANCE.
MEXICO TRAVEL CORP 238 EAST 116TH STREET NEW YORK, NY 10029	20-3701505		13,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
TAVERAS BARBER SHOP 114 EAST 116TH STREET NEW YORK, NY 10029	06-4848312		13,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
EMILIN COMBS SAVOURY 185 EAST 117TH STREET NEW YORK, NY 10035	13-1928757		13,300.	0.			COVID-19 FINANCIAL ASSISTANCE.
LAIA FURNITURE CORP 2156 THIRD AVENUE NEW YORK, NY 10035	83-1940202		13,100.	0.			COVID-19 FINANCIAL ASSISTANCE.
HARLEM PEDIATRIC ASSOCIATES PC 2251 2ND AVENUE NEW YORK, NY 10029	30-0181798		13,100.	0.			COVID-19 FINANCIAL ASSISTANCE.
CAFE JOAD LLC D/B/A JOY,BURGER,BAR 1567 LEXINGTON AVENUE NEW YORK, NY 10029	47-1072236		13,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
DOS AMIGOS RESTAURANT GROUP LLCD/B/A LACHULA - 137 EAST 116TH STREET - NEW YORK, NY 10029	81-3818425		13,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
L VICTORIA CORONATO DVM PC 2232 1ST AVENUE NEW YORK, NY 10029	30-0069437		13,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

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FIFTH AVENUE SADC INC 1325 5TH AVENUE NEW YORK, NY 10029	46-1074935		13,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
EAGEL GROUP LLC D/B/A EAGLE CONSTRUCTION GROUP - 2250 2ND AVENUE - NEW YORK, NY 10029	66-1775328		13,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
STAFFING 911 INC 251 EAST 110TH STREET NEW YORK, NY 10029	46-1829044		13,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
ROOM ONE TWELVE INC 510 EAST 117TH STREET NEW YORK, NY 10035	85-3527677		13,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
LEXINGTON HEALTH CARE INC 1570 LEXINGTON AVENUE NEW YORK, NY 10029	45-3995753		12,800.	0.			COVID-19 FINANCIAL ASSISTANCE.
1947 THIRD AVE CLOTHING LLC 1947 THIRD AVENUE NEW YORK, NY 10029	80-0857596		12,800.	0.			COVID-19 FINANCIAL ASSISTANCE.
EL CHEVERE CUCHIFRITOS CORP 2000-2002 THIRD AVENUE NEW YORK, NY 10029	45-3624350		12,800.	0.			COVID-19 FINANCIAL ASSISTANCE.
AMADOU SPORTSWEAR 1932 3RD AVE, NEW YORK, NY 10029	27-5403557		12,800.	0.			COVID-19 FINANCIAL ASSISTANCE.
GARCIA GUNG FU LLC 451 EAST 117TH STREET NEW YORK, NY 10035	45-4315656		12,700.	0.			COVID-19 FINANCIAL ASSISTANCE.

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HEALTHY CHOICE GOURMET INC 1776 MADISON AVENUE NEW YORK, NY 10035	81-1313324		12,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
FOLASADE A TYLER 126 EAST 126TH STREET NEW YORK, NY 10035	07-7640699		12,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
MONGKOL EATERY LLC 1590 LEXINGTON AVENUE NEW YORK, NY 10029	83-1894402		12,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
MERCEDES QUERO 224 EAST 116TH STREET NEW YORK, NY 10029	12-2847501		12,300.	0.			COVID-19 FINANCIAL ASSISTANCE.
GLADYS CRUZ 107 EAST 116TH STREET NEW YORK, NY 10029	45-4737446		12,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
CARLYS HAIR SPOT INC 1783 LEXINGTON AVENUE NEW YORK, NY 10029	47-2222584		12,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
STYLISH SPOON LLC 30 HILLANDALE ROAD WESTPORT, CT 06880	84-2521618		12,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
CASSAVA HOUSE CORP 2270 FIRST AVENUE NEW YORK, NY 10035	82-2536401		12,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
MARGARITAS BEAUTY SALON 2250 1ST AVENUE NEW YORK, NY 10029	45-4783741		12,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

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FABJ CLEANERS CORP 1796 3RD AVENUE NEW YORK, NY 10029	46-3292695		12,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
TERANGA TAC LLC 1280 5TH AVENUE NEW YORK, NY 10029	83-0992193		12,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
TARIQAH MILLS CPA 87 EAST 116TH STREET NEW YORK, NY 10029	47-2902771		12,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
KAREN'S BEAUTY PALACE 334 EAST 16TH STREET NEW YORK, NY 10029	27-3322765		12,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
RAFAEL SHOE REPAIR 174 EAST 107TH STREET NEW YORK, NY 10029	46-2322118		12,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
DIAMANTE FLOWERS & PARTY RENTALS 327 PLESANT AVENUE NEW YORK, NY 10035	82-3300598		11,700.	0.			COVID-19 FINANCIAL ASSISTANCE.
CAFECITO DEL ARTE CORP 181 EAST 108TH STREET NEW YORK, NY 10029	83-0867565		11,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
WDC SAFETY LLC 310 EAST 112TH /STREET NEW YORK, NY 10029	82-2236988		11,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
AROMAS BOUTIQUE BAKERY C/O BARETT NEW YORK, NY 10029	46-0834576		11,500.	0.			COVID-19 FINANCIAL ASSISTANCE.

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JANIE BAKES LLC DBA JANE DEEGAN 1590 PARK AVENUE NEW YORK, NY 10029	82-1450007		11,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
VICTOR CRUZ INC 50 EAST 106TH STREET 15C NEW YORK, NY 10029	90-0941405		11,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
SHAQUANDA WILL FEED YOU LLC 1580 PARK AVENUE NEW YORK, NY 10029	81-2477551		11,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
LEVI CORPORATION 149 EAST 116TH STREET NEW YORK, NY 10029	13-3291876		11,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
RUBOLS REALTY CORP 115 EAST 116TH STREET NEW YORK, NY 10029	13-2997771		11,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
THE ROSARIO GROUP 440 EAST 105TH STREET NEW YORK, NY 10029	47-4949034		11,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
NCV CAPITAL PARTNERS 1974 MADISON AVENUE NEW YORK, NY 10035	20-8551961		11,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
TOUDA AFRICA STORE 2246 2ND AVENUE NEW YORK, NY 10029	11-4841229		11,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
POLE TO POLE FITNESS LLC 400 EAST 116TH STREET NEW YORK, NY 10029	46-1527347		11,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

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FRANCISCA SALGADO D/B/A FRANSICA UNISEX - 1747 LEXINGTON AVENUE - NEW YORK, NY 10029	11-3824678		11,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
DANISH FOOD CORP 2041 1ST AVENUE NEW YORK, NY 10029	82-4724046		10,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
ANSELMA ROJAS MARTINEZ 124 EAST 116TH STREET NEW YORK, NY 10029	90-6999218		10,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
SAFARI RESTAURANT NYC LLC 1590 PARK AVENUE NEW YORK, NY 10029	47-2478917		10,300.	0.			COVID-19 FINANCIAL ASSISTANCE.
JCA BARBERSHOP CORP D/B/A JAIME HERNANDEZ AQUINO - 242 EAST 116TH STREET - NEW YORK, NY 10029	46-2974168		10,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
ANGELA UNISEX 155 EAST 106TH STREET 1FL. NEW YORK, NY 10029	47-4226391		10,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
GUERRERENSE BARBER SHOP 301 EAST 116TH STREET NEW YORK, NY 10029	45-5621167		10,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
RPL CONSUTTING LLC 55 EAST 115TH STREET NEW YORK, NY 10029	82-5451710		10,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
DIANA LOARRAZABAL 242 EAST 116TH STREET NEW YORK, NY 10029	46-1649573		9,500.	0.			COVID-19 FINANCIAL ASSISTANCE.

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EVARISTO FERNANDEZ ROSARIO 176 EAST 106TH STREET NEW YORK, NY 10029	72-9142769		9,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
HARLEM CUTS, LLC 2310 SECOND AVENUE NEW YORK, NY 10035	83-3932958		9,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
120TH STREET CLEANERS N.Y.C. INC 2337 FIRST AVENUE NEW YORK, NY 10035	82-2998543		9,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
CHEF EL-AMIN CATERERS LLC 1590 PARK AVENUE NEW YORK, NY 10029	27-1657472		9,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
RIVERSIDE CATERERS NYC LLC 460 EAST 115TH STREET NEW YORK, NY 10029	83-1020893		9,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
DAVID FALU D/B/A UPARTY 2163 1ST AVENUE NEW YORK, NY 10029	12-8586484		9,300.	0.			COVID-19 FINANCIAL ASSISTANCE.
SMILE FAMILY DENTIST 247 EAST 116TH STREET NEW YORK, NY 10029	01-0711814		9,100.	0.			COVID-19 FINANCIAL ASSISTANCE.
D&C COFFEE INC 2315 EAST 2ND AVENUE NEW YORK, NY 10035	83-1904564		9,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
NAJEE BRYANT 2157 1ST AVENUE NEW YORK, NY 10029	82-4058351		9,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

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RAMONA ADORNO 1679 MADISON AVENUE 2ND FL NEW YORK, NY 10029	10-9786779		9,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
IMAGES MENS BARBER SHOP PTR 2252 SECNOD AVENUE NEW YORK, NY 10029	81-3947962		9,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
O CUISINE LLC 1261 PARK AVENUE NEW YORK, NY 10029	82-5277100		9,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
SPA BOUTIQUE 2GO LLC 69 EAST 130TH STREET NEW YORK, NY 10037	26-2145290		8,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
IRAMHAJ HAIR AND GALLERY CORP 2313 2ND AVENUE NEW YORK, NY 10035	45-2962021		8,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
RAPPIN FIREMAN 420 EAST 111TH STREET NEW YORK, NY 10029	20-3697189		8,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
KAHLUAS CAFE INC 2117 3RD AVENUE NEW YORK, NY 10029	04-3724098		8,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
JB BARBERSHOP 223 EAST 116TH STREET NEW YORK, NY 10029	46-3867972		8,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
SATIJA VISION CARE OPTOMETRY, P.C 404 EAST 117TH STREET 1ST FL NEW YORK, NY 10035	47-2949989		8,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

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PRETTY GIRL SALON CORP 2281 1ST AVENUE NEW YORK, NY 10035	46-1810075		8,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
118 KITCHEN INC 1 EAST 118TH STREET NEW YORK, NY 10035	07-6965246		8,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
SANDRA HAIR CENTER 2425 2ND AVENUE NEW YORK, NY 10035	47-4796209		8,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
ANDRADE ENTERPRISE 177 EAST 102ND STREET NEW YORK, NY 10029	08-7448896		8,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
BEST BIKE INC 1721 LEXINGTON AVENUE NEW YORK, NY 10029	84-2289466		7,700.	0.			COVID-19 FINANCIAL ASSISTANCE.
CHAVEZ TAX SERVICES D/B/A JOSE.CHAVEZ - 151 EAST 106TH STREET - NEW YORK, NY 10029	26-3635598		7,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
BOMBSHELL BEAUTY LAB 245 EAST 111TH STREET NEW YORK, NY 10029	83-0840106		7,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
JUAN GUZMAN D/B/A JUANA GUZMAN BARBERSHOP - 1717 LEXINGTON AVENUE - NEW YORK, NY 10029	06-9841230		7,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
LA REINA DEL BARRIO, INC. 1214 5TH AVENUE NEW YORK, NY 10029	46-2519267		7,500.	0.			COVID-19 FINANCIAL ASSISTANCE.

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GEORGINA FALU CO LLC 333 EAST 118TH STREET NEW YORK, NY 10035	82-2746735		7,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
SANT-ANDREA INC 38 E 98TH STREET NEW YORK, NY 10029	30-1011959		7,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
AUREA4SHAVE LLC 118 EAST 124TH STREET #703 NEW YORK, NY 10035	47-4690513		7,300.	0.			COVID-19 FINANCIAL ASSISTANCE.
FIERCE SPA NAIL SALON CORP 2246 1ST AVENUE NEW YORK, NY 10029	45-4818730		7,300.	0.			COVID-19 FINANCIAL ASSISTANCE.
MARIA TERESA GUILLO 221 EAST 111TH STREET #7C NEW YORK, NY 10029	59-7208543		7,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
ROLAND GEBHARDT LLC 213 EAST 121ST STREET NEW YORK, NY 10035	11-6401827		7,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
DEVILS INK TATTOOS 2133 2ND AVENUE NEW YORK, NY 10029	11-1965974		7,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
MELVIN FERNANDEZ D/B/A MELVIN HAIR STYLES BARBER SHOP - 2172 SECOND AVENUE - NEW YORK, NY 10029	18-1391360		7,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
TALLER CARMEN AYALA 1590 PARK AVENUE NEW YORK, NY 10029	58-4563724		7,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KHADY TOUBA INC 2166 2ND AVENUE NEW YORK, NY 10029	85-1845748		6,900.	0.			COVID-19 FINANCIAL ASSISTANCE.
LUISA MARTINEZ-DBA LM LITTLE STAR DAYCARE - 432 EAST 105TH STREET - NEW YORK, NY 10029	20-8530233		6,700.	0.			COVID-19 FINANCIAL ASSISTANCE.
AYANO HISA PHOTOGRAPHY INC 1990 LEXINGTON AVE NEW YORK, NY 10035	83-2832609		6,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
ANTIOCO SANCHEZ 167 EAST 111TH STREET NEW YORK, NY 10029	12-4744511		6,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
THE NUEVA YORK A. C. P. GROUP LLC 1399 PARK AVENUE #15A NEW YORK, NY 10029	46-0993374		6,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
YOLANDA BROOKS PRODUCTIONS 221 EAST 122ND STREET NEW YORK, NY 10035	11-8606335		6,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
THE EGG ROLL QUEEN DBA ANGELA FULLER - 238 EAST 112TH STREET - NEW YORK, NY 10029	05-4467183		6,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
JAIME FLORES D/B/A AZTECA.UNISEX.BARBER.SHOP - 234 EAST 116TH STREET - NEW YORK, NY 10029	27-2356517		6,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
RUBIO RECORD DISTRIBUTING CORP 151 EAST 116TH STREET NEW YORK, NY 10029	13-2634279		6,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLY ARROYO FRIAS D/B/A DJ BARBER SHOP - 124 EAST 107TH STREET - NEW YORK, NY 10029	73-1095083		6,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
INNOVATIVE THERAPY SOLUTIONS 245 E 124TH STREET NEW YORK, NY 10035	38-3778010		6,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
XAD PRODUCTIONS LLC 2353 2ND AVENUE NEW YORK, NY 10035	85-1011698		6,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
STAR ONE WIRELESS REPAIR CORP 1864 3RD AVENUE NEW YORK, NY 10029	83-2324398		6,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
BAZILE ANSELME ENTERPRISE INC 6 EAST 116TH STREET NEW YORK, NY 10029	82-2586609		5,700.	0.			COVID-19 FINANCIAL ASSISTANCE.
THE EMPIRE AGENCY LLC 333 EAST 102ND SREET NEW YORK, NY 10029	83-4075200		5,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
NYLISSA E. WHITAKER 1485 5TH AVENUE NEW YORK, NY 10035	07-4747072		5,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
X-SQUARE AFRICAN-CARIBBEAN FOOD STORE CORP - 1590 PARK AVENUE - NEW YORK, NY 10035	86-1192432		5,400.	0.			COVID-19 FINANCIAL ASSISTANCE.

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	40	29,057.	0.		
FOOD ASSISTANCE	0	575,023.	0.		
COVID-19 RELIEF	45	27,387.	0.		
STUDENT AID AND AWARDS	0	71,773.	0.		

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

PART I, LINE 2:

SMALL BUSINESS GRANTS:

IN FISCAL YEAR 2021, THE ORGANIZATION MADE OVER 300 GRANTS TO EAST HARLEM SMALL BUSINESSES IN NEED OF COVID-19 FINANCIAL ASSISTANCE. THE FUNDS WERE DISTRIBUTED BASED ON BUDGETS THE GRANTEE ORGANIZATIONS SUBMITTED ALONG WITH THEIR APPLICATIONS. THE ACTUAL EXPENSES INCURRED WERE AUDITED BY THE STAFF OF UNION SETTLEMENT ASSOCIATION, INC.

HOUSING AND BASIC NECESSITIES ASSISTANCE:

Part IV Supplemental Information

THIS ASSISTANCE WAS PAID DIRECTLY TO VENDORS, NOT THE RECIPIENT OF THE BENEFIT. THE AMOUNT OF ASSISTANCE WAS DETERMINED BY THE OVERALL SENIOR PROGRAM DIRECTOR.

SCHOLARSHIPS:

COLLEGE SCHOLARSHIPS FUNDS WERE AWARDED TO STUDENTS IN THE AMOUNT OF \$850 EACH AS APPROVED BY THE EXECUTIVE DIRECTOR. SCHOLARSHIP RECIPIENTS WERE SELECTED BASED ON THEIR ACADEMIC PERFORMANCE THROUGHOUT THE YEAR, BASED ON THE ASSESSMENTS OF THE UNION SETTLEMENT COLLEGE READINESS PROGRAM STAFF.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNION SETTLEMENT ASSOCIATION, INC.

Employer identification number
13-1632530

Part I Questions Regarding Compensation

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

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID NOCENTI EXECUTIVE DIRECTOR	(i)	184,443.	0.	0.	5,088.	1,631.	191,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GABRIELLE SHAPIRO PSYCHIATRIST	(i)	173,667.	0.	0.	4,913.	8,317.	186,897.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNION SETTLEMENT ASSOCIATION, INC.** Employer identification number **13-1632530**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	160,422.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN COLUMN (B).

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

UNION SETTLEMENT ASSOCIATION, INC.

Employer identification number

13-1632530

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

HELP UNDERSERVED RESIDENTS IMPROVE THEIR SKILLS AND BUILD BETTER LIVES
FOR THEMSELVES AND THEIR FAMILIES.

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

SENIOR SERVICES - OUR FIVE OLDER ADULT CENTERS, MEALS ON WHEELS, AND
NATURALLY OCCURRING RETIREMENT COMMUNITY (NORC) PROGRAMS PROVIDE
NUTRITION, WELLNESS, EDUCATION, CASE ASSISTANCE, TRANSPORTATION AND
OTHER SERVICES TO OVER 1,500 OLDER ADULTS EACH YEAR.

ADULT EDUCATION - ENGLISH LANGUAGE, LITERACY, HIGH SCHOOL EQUIVALENCY,
DIGITAL LITTERACY, JOB TRAINING AND OTHER EDUCATIONAL CLASSES FOR OVER
400 ADULT STUDENTS EACH YEAR.

SMALL BUSINESS SERVICES - BUSINESS CLASSES, TECHNOLOGY EDUCATION,
NEIGHBORHOOD IMPROVEMENTS, ACCESS TO CAPITAL AND TECHNICAL ASSISTANCE
PROVIDED TO OVER 500 ENTREPRENEURS AND SMALL BUSINESSES THROUGHOUT EAST
HARLEM.

EXPENSES \$ 7,446,871. INCL GRANTS OF \$ 3,972,953. REVENUE \$ 393,408.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION ENGAGED BTQ FINANCIAL FOR FINANCIAL MANAGEMENT SERVICES.
NO EMPLOYEES OF THE ORGANIZATION ARE COMPENSATED BY BTQ FINANCIAL. THE
ORGANIZATION INCURRED \$679,758 OF EXPENSES FOR THESE SERVICES IN FISCAL YEAR
2021.

Name of the organization UNION SETTLEMENT ASSOCIATION, INC.	Employer identification number 13-1632530
----------------------------------------------------------------	----------------------------------------------

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

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND IS REVIEWED BY THE ORGANIZATION'S DIRECTOR OF FINANCE. IT IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY APPLICABLE TO DIRECTORS, OFFICERS, AND KEY PERSONS. COVERED PERSONS HAVE A DUTY TO DISCLOSE TO UNION SETTLEMENT'S COMPLIANCE OFFICER THE EXISTENCE OF ANY POSSIBLE CONFLICT OF INTEREST. THE COMPLIANCE OFFICER IS RESPONSIBLE FOR REPORTING POSSIBLE CONFLICTS OF INTEREST TO THE BOARD. DETERMINATIONS REGARDING CONFLICT MATTERS ARE TO BE MADE BY THE BOARD OF DIRECTORS BY A MAJORITY VOTE OF THE DIRECTORS PRESENT AT THE TIME OF THE VOTE, IF A QUORUM IS PRESENT AT THAT TIME. NO RELATED PARTY OR OTHER COVERED PERSON MAY PARTICIPATE IN DELIBERATIONS OR VOTING RELATING TO A MATTER WITH RESPECT TO WHICH THEY MAY BE CONFLICTED. HOWEVER, SUCH PERSON MAY PRESENT INFORMATION CONCERNING THE TRANSACTION AT A MEETING OF THE BOARD OF DIRECTORS PRIOR TO THE COMMENCEMENT OF DELIBERATIONS OR VOTING RELATING TO SUCH TRANSACTION. IN NO EVENT MAY A COVERED PERSON OR A RELATED PARTY INFLUENCE IMPROPERLY THE DELIBERATION OR VOTING ON THE MATTER GIVING RISE TO A CONFLICT OR POSSIBLE CONFLICT. DELIBERATIONS AND DECISIONS REGARDING CONFLICTS OF INTEREST ARE DOCUMENTED IN THE BOARD MINUTES. EACH DIRECTOR, OFFICER AND KEY PERSON MUST, PRIOR TO THE TIME SUCH PERSON ASSUMES SUCH POSITION, BE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY AND COMPLETE, SIGN AND SUBMIT A WRITTEN CONFLICT OF INTEREST DISCLOSURE FORM TO THE SECRETARY OF UNION SETTLEMENT. AT LEAST ANNUALLY THEREAFTER, EACH DIRECTOR, OFFICER AND KEY PERSON MUST SUBMIT A SIGNED STATEMENT DISCLOSING ANY POSSIBLE CONFLICTS OF INTEREST AND CONFIRMING THAT SUCH PERSON HAS AGREED TO COMPLY WITH THE

Name of the organization UNION SETTLEMENT ASSOCIATION, INC.	Employer identification number 13-1632530
----------------------------------------------------------------	----------------------------------------------

CONFLICT OF INTEREST POLICY.

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

EXECUTIVE DIRECTOR GOALS ARE ESTABLISHED ANNUALLY AND REVIEWED WITH THE BOARD CHAIR THROUGHOUT THE YEAR. AT THE CONCLUSION OF THE PERFORMANCE YEAR, THE ED CONDUCTS A SELF-EVALUATION, AS WELL AS A 360-SURVEY WITH STAFF, ALL OF WHICH IS REVIEWED BY THE BOARD CHAIR. THE COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOLLOWING A REVIEW OF THE EVALUATION; IN ADDITION, RESULTS OF THE SALARY SURVEY CONDUCTED BY UNITED NEIGHBORHOOD HOUSES ("UNH"), AS WELL AS OTHER RELEVANT MARKET SALARY INFORMATION IS TAKEN INTO ACCOUNT. THE APPROVAL IS DISCUSSED DURING EXECUTIVE SESSION AND THEREFORE IS NOT DOCUMENTED IN THE MINUTES OF THE MEETING OF THE EXECUTIVE COMMITTEE. THE PROCESS WAS LAST CONDUCTED IN 2021.

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

THE FORM 990 IS AVAILABLE ON THE ORGANIZATIONS' WEBSITE AND IS ALSO POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE ORGANIZATION MAKES ITS FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION LIABILITY ADJUSTMENT	2,084,144.
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FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **UNION SETTLEMENT ASSOCIATION, INC.** Employer identification number **13-1632530**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
EAST 103RD STREET HOUSING DEVELOPMENT FUND CORPORATION - 45-3201632, 237 EAST 104TH STREET, NEW YORK, NY 10029	AFFORDABLE HOUSING	NEW YORK	501(C)(4)		UNION SETTLEMENT ASSOCIATION, INC.	X	
EAST 104TH STREET HOUSING DEVELOPMENT FUND COMPANY - 23-7401864, 237 EAST 104TH STREET, NEW YORK, NY 10029	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 7	UNION SETTLEMENT ASSOCIATION, INC.	X	

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
UNION SETTLEMENT HOME CARE SERVICES, INC. - 20-2033817, 237 EAST 104TH STREET, NEW YORK, NY 10029	INACTIVE	NY	UNION SETTLEMENT ASSOCIATION,	C CORP	0.	0.	100%	X	
UNION SETTLEMENT HOME CARE, INC. - 13-3018240, 237 EAST 104TH STREET, NEW YORK, NY 10029	INACTIVE	NY	UNION SETTLEMENT ASSOCIATION,	C CORP	0.	0.	100%	X	

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

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

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

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

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

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

Part VII Supplemental Information

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

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

UNION SETTLEMENT HOME CARE SERVICES, INC.

DIRECT CONTROLLING ENTITY: UNION SETTLEMENT ASSOCIATION, INC.

NAME OF RELATED ORGANIZATION:

UNION SETTLEMENT HOME CARE, INC.

DIRECT CONTROLLING ENTITY: UNION SETTLEMENT ASSOCIATION, INC.

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.

STATE COPY

UNION SETTLEMENT ASSOCIATION, INC.
237 EAST 104TH STREET
NEW YORK, NY 10029

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

FORM CHAR500

026340
04-01-20

12450517 756359 1361768.000

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2020.05094 UNION SETTLEMENT ASSOCIAT 13617681

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

UNION SETTLEMENT ASSOCIATION, INC.
237 EAST 104TH STREET
NEW YORK, NY 10029

PREPARED BY:

PKF O'CONNOR DAVIES, LLP
500 MAMARONECK AVENUE, SUITE 301
HARRISON, NY 10528-1633

AMOUNT OF TAX:

BALANCE DUE OF \$775

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:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

NEW YORK FORM CHAR500 REPORTS SHOULD ALSO BE FILED WITH THE DEPARTMENT OF STATE VIA THE WEB AT: [HTTPS://MY.NY.GOV/](https://my.ny.gov/)

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2020
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2020 and Ending (mm/dd/yyyy) 06/30/2021		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: UNION SETTLEMENT ASSOCIATION, INC.	Employer Identification Number (EIN): 13-1632530
	Mailing Address: 237 EAST 104TH STREET	NY Registration Number: 00-64-49
	City / State / ZIP: NEW YORK, NY 10029	Telephone: 212 828-6000
	Website: WWW.UNIONSETTLEMENT.ORG	Email: INFO@UNIONSETTLEMEN
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com .		

2. Certification

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

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

President or Authorized Officer:	Signature	JENNIFER GEILING EXECUTIVE DIRECTOR	Print Name and Title	Date
Chief Financial Officer or Treasurer:	Signature	LIJO CHIRAYIL VARGHESE DIRECTOR OF FINANCE	Print Name and Title	Date

3. Annual Reporting Exemption

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

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

4. Schedules and Attachments

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

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>775.</u>	Make a single check or money order payable to: "Department of Law"
-------------------------------------------------------------------------------------------------------	---------------------------------	------------------------------------	------------------------------	------------------------------------------------------------------------------

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

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

CHAR500

Annual Filing Checklist

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

Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

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

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

- Review Report if you received total revenue and support greater than \$250,000 and up to \$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

Need Assistance?

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

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)).

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2020

Open to Public
Inspection

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

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

1. Organization Information

Name of Organization:	NY Registration Number:
UNION SETTLEMENT ASSOCIATION, INC.	00-64-49

2. Government Grants

Name of Government Agency	Amount of Grant
1. NYC DEPARTMENT OF EDUCATION	1. 9,251,132.
2. U.S. SMALL BUSINESS ADMINISTRATION	2. 3,354,259.
3. NYC DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT	3. 3,088,298.
4. CUNY INSTITUTE FOR STATE AND LOCAL GOVERNANCE	4. 2,818,777.
5. NYC DEPARTMENT FOR THE AGING	5. 1,918,428.
6. MANHATTAN DISTRICT ATTORNEY'S OFFICE	6. 1,459,572.
7. WORKFORCE DEVELOPMENT CORPORATION	7. 515,459.
8. NEW YORK STATE DEPARTMENT OF HEALTH	8. 355,038.
9. NYC ADMINISTRATION FOR CHILDRENS SERVICES	9. 349,069.
10. NYC DEPARTMENT OF PROBATION	10. 346,704.
11. NEW YORK STATE OFFICE FOR THE AGING	11. 221,368.
12. NEW YORK STATE DEPARTMENT OF HEALTH	12. 237,302.
13. NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES	13. 162,779.
14. NYC MAYOR'S OFFICE OF CRIMINAL JUSTICE	14. 121,043.
15. NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE	15. 112,562.
Total Government Grants:	Total:

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2020

**Open to Public
Inspection**

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

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

1. Organization Information

Name of Organization: UNION SETTLEMENT ASSOCIATION, INC.	NY Registration Number: 00-64-49
--------------------------------------------------------------------	--------------------------------------------

2. Government Grants

Name of Government Agency	Amount of Grant
1. FUND FOR PUBLIC HEALTH IN NEW YORK, INC.	1. 73,908.
2. NEW YORK CITY HUMAN RESOURCE ADMINISTRATION	2. 41,338.
3. THE CITY UNIVERSITY OF NEW YORK	3. 12,594.
4. CITY MEALS ON WHEELS	4. 11,367.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 24,450,997.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNION SETTLEMENT ASSOCIATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 237 EAST 104TH STREET City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10029 F Name and address of principal officer: JENNIFER GEILING SAME AS C ABOVE	D Employer identification number 13-1632530 E Telephone number 212-828-6000 G Gross receipts \$ 40,439,892. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNIONSETTLEMENT.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1902
		M State of legal domicile: NY

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: UNION SETTLEMENT CREATES OPPORTUNITY IN EAST HARLEM BY OFFERING COMPREHENSIVE PROGRAMS THAT		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	31
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	483
	6	Total number of volunteers (estimate if necessary)	6	325
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	22,086,235.	32,082,925.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,683,845.	5,914,850.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	156,493.	188,393.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,980.	4,624.
12			27,968,553.	38,190,792.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	212,332.	4,001,086.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,225,228.	18,594,295.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 912,091.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,707,656.	9,746,193.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,145,216.	32,341,574.
	19	Revenue less expenses. Subtract line 18 from line 12	1,823,337.	5,849,218.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	17,259,758.	21,665,441.
	22	Net assets or fund balances. Subtract line 21 from line 20	14,382,957.	10,149,616.
	22		2,876,801.	11,515,825.

Part II Signature Block

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

Sign Here	Signature of officer LIJO CHIRAYIL VARGHESE, DIRECTOR OF FINANCE Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 05/17/22	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's address ▶ 500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633	Firm's EIN ▶ 27-1728945	Phone no. 914-381-8900	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNION SETTLEMENT ASSOCIATION CREATES OPPORTUNITY IN EAST HARLEM BY OFFERING COMPREHENSIVE PROGRAMS THAT HELP UNDERSERVED RESIDENTS IMPROVE THEIR SKILLS AND BUILD BETTER LIVES FOR THEMSELVES AND THEIR FAMILIES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 8,086,178. including grants of \$ 14,518.) (Revenue \$ 1,279,391.) EARLY CHILDHOOD EDUCATION: HIGH-QUALITY, FULL-DAY EDUCATIONAL PROGRAMS SERVING UP TO 700 INFANTS, TODDLERS AND PRESCHOOLERS, AGES EIGHT WEEKS TO FIVE YEARS.

4b (Code:) (Expenses \$ 7,595,029. including grants of \$ 11,389.) (Revenue \$ 47,030.) YOUTH SERVICES: OUR YOUTH SERVICES DEPARTMENT PROVIDES MORE THAN 3,000 CHILDREN, ADOLESCENTS AND YOUNG ADULTS WITH PROGRAMS THAT FOSTER CREATIVITY, CURIOSITY, RESILIENCE AND PROBLEM SOLVING;

4c (Code:) (Expenses \$ 3,967,704. including grants of \$ 2,226.) (Revenue \$ 4,195,021.) MENTAL HEALTH SERVICES: OUR LICENSED OUTPATIENT MENTAL HEALTH COUNSELING CLINIC PROVIDES CRITICAL STRENGTH-BASED AND TRAUMA-INFORMED MENTAL HEALTH SERVICES TO OVER 1,300 CHILDREN, ADOLESCENTS, ADULTS AND SENIORS EACH YEAR,

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,446,871. including grants of \$ 3,972,953.) (Revenue \$ 393,408.)

4e Total program service expenses 27,095,782.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 31		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
LIJO CHIRAYIL VARGHESE - 212-828-6000
237 EAST 104TH STREET, NEW YORK, NY 10029

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID NOCENTI EXECUTIVE DIRECTOR	40.00			X			184,443.	0.	6,719.	
(2) GABRIELLE SHAPIRO PSYCHIATRIST	40.00				X		173,667.	0.	13,230.	
(3) DERRICK BOONE ASSOCIATE EXECUTIVE DIRECTOR	40.00				X		124,674.	0.	12,821.	
(4) LISSA SOUTHERLAND ASSOCIATE EXECUTIVE DIRECTOR	40.00				X		131,235.	0.	3,308.	
(5) SHEILA WILSON WELLS ASSOCIATE EXECUTIVE DIRECTOR	40.00				X		123,185.	0.	12,615.	
(6) KATHERINE BRADSHAW PSYCHIATRIST	40.00				X		119,520.	0.	0.	
(7) LIJO VARGHESE DIRECTOR OF FINANCE	40.00			X			106,938.	0.	2,239.	
(8) AMY SHERMAN CHAIR	4.00	X		X			0.	0.	0.	
(9) ELI GROSS VICE CHAIR	2.00	X		X			0.	0.	0.	
(10) DAWN M. ZAPPETTI VICE CHAIR	2.00	X		X			0.	0.	0.	
(11) WILLIAM ARNOLD TREASURER	2.00	X		X			0.	0.	0.	
(12) REGINALD E. HARWELL SECRETARY	2.00	X		X			0.	0.	0.	
(13) ED ADLER DIRECTOR	1.00	X					0.	0.	0.	
(14) JO-ANN BARRETT DIRECTOR	1.00	X					0.	0.	0.	
(15) DAVID CASTELBLANCO DIRECTOR	1.00	X					0.	0.	0.	
(16) SUSAN CHAPMAN DIRECTOR	1.00	X					0.	0.	0.	
(17) COURTNEY DANKWORTH DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAGDEEP DAYAL DIRECTOR	1.00	X					0.	0.	0.	
(19) ERICA DONOVAN ESTADES DIRETOR	1.00	X					0.	0.	0.	
(20) KALAIVANI S. DUANE DIRECTOR	1.00	X					0.	0.	0.	
(21) ROBERT V. EDGAR DIRECTOR	1.00	X					0.	0.	0.	
(22) ELSIE ENCARNACION DIRECTOR	1.00	X					0.	0.	0.	
(23) BRAD GREEN DIRECTOR	1.00	X					0.	0.	0.	
(24) KATE HAMILL DIRECTOR	1.00	X					0.	0.	0.	
(25) MICKIE KERSON DIRECTOR	1.00	X					0.	0.	0.	
(26) SALIQ KHAN DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							963,662.	0.	50,932.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							963,662.	0.	50,932.	

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 **9**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BTQ FINANCIAL, 115 BROADWAY, 19TH FLOOR, NEW YORK, NY 10006	MANAGEMENT SERVICES	642,071.
SPK LEWIS CONSTRUCTION, LLC 19 W 21ST ST, #402, NEW YORK, NY 10010	CONSTRUCTION SERVICES	554,216.
IPFS CORPORATION 30 MONTGOMERY STREET, JERSEY CITY, NJ 07302	FINANCIAL SERVICES	418,100.
ANDREW FRANZ ARCHITECT, PLLC 135 W 26TH ST, #10B, NEW YORK, NY 10001	ARCHITECTURAL SERVICES	252,862.
PKF O'CONNOR DAVIES 500 MAMARONECK AVENUE, HARRISON, NY 10528	ACCOUNTING SERVICES	129,400.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	651,469.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	24,450,997.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,980,459.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 160,422.			
	h	Total. Add lines 1a-1f		32,082,925.			
Program Service Revenue	2 a	MANAGED CARE REVENUE	Business Code 624110	4,190,597.	4,190,597.		
	b	CONTRACT SERVICE FEES	624110	1,369,064.	1,369,064.		
	c	MEDICAID REVENUE	624100	353,430.	353,430.		
	d	PARTICIPANT FEES	624100	1,759.	1,759.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		5,914,850.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		82,516.		82,516.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				2,315,031.			
	7 b	Less: cost or other basis and sales expenses		2,209,154.			
7 c	Gain or (loss)		105,877.				
d	Net gain or (loss)		105,877.		105,877.		
8 a	Gross income from fundraising events (not including \$ 651,469. of contributions reported on line 1c). See Part IV, line 18						
			0.				
			39,946.				
8 b	Less: direct expenses						
c	Net income or (loss) from fundraising events		-39,946.		-39,946.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code 900099	44,570.		44,570.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		44,570.			
12	Total revenue. See instructions		38,190,792.	5,914,850.	0.	193,017.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,297,846.	3,297,846.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	703,240.	703,240.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	328,274.		328,274.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,706,550.	13,163,426.	1,145,241.	397,883.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	552,370.	474,442.	63,497.	14,431.
9 Other employee benefits	1,225,844.	1,052,902.	140,916.	32,026.
10 Payroll taxes	1,781,257.	1,529,957.	204,763.	46,537.
11 Fees for services (nonemployees):				
a Management	679,758.		679,758.	
b Legal	69,903.	28,777.	39,218.	1,908.
c Accounting	102,510.	42,200.	57,512.	2,798.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,931,203.	1,298,159.	324,714.	308,330.
12 Advertising and promotion	94,169.	58,051.	34,721.	1,397.
13 Office expenses	998,830.	798,460.	151,884.	48,486.
14 Information technology				
15 Royalties				
16 Occupancy	443,369.	431,355.	11,634.	380.
17 Travel	62,466.	59,833.	2,633.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	34,487.	28,924.	5,563.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,041.		4,041.	
23 Insurance	364,837.	55,853.	308,984.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	3,215,124.	3,086,540.	126,919.	1,665.
b BAD DEBT EXPENSE	1,015,813.	350,967.	664,846.	
c PROGRAM SUPPLIES	518,145.	506,740.	7,360.	4,045.
d MISC OPERATING EXPENSES	93,540.	51,819.	4,716.	37,005.
e All other expenses _____	117,998.	76,291.	26,507.	15,200.
25 Total functional expenses. Add lines 1 through 24e	32,341,574.	27,095,782.	4,333,701.	912,091.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,446,550.	1	1,536,457.
	2 Savings and temporary cash investments	3,409,758.	2	5,786,127.
	3 Pledges and grants receivable, net	6,867,047.	3	8,181,861.
	4 Accounts receivable, net	606,920.	4	482,749.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	101,814.	9	133,592.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 80,757.		
	b Less: accumulated depreciation	10b 80,757.	4,041.	10c 0.
	11 Investments - publicly traded securities	3,787,095.	11	5,508,122.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	36,533.	15	36,533.
16 Total assets. Add lines 1 through 15 (must equal line 33)	17,259,758.	16	21,665,441.	
Liabilities	17 Accounts payable and accrued expenses	2,190,238.	17	2,541,125.
	18 Grants payable		18	
	19 Deferred revenue	1,605,288.	19	2,506,045.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,587,431.	25	5,102,446.
	26 Total liabilities. Add lines 17 through 25	14,382,957.	26	10,149,616.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	723,081.	27	8,545,888.
	28 Net assets with donor restrictions	2,153,720.	28	2,969,937.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,876,801.	32	11,515,825.
33 Total liabilities and net assets/fund balances	17,259,758.	33	21,665,441.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,190,792.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,341,574.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,849,218.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,876,801.
5	Net unrealized gains (losses) on investments	5	705,661.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,084,144.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,515,824.

Part XII Financial Statements and Reporting

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

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **UNION SETTLEMENT ASSOCIATION, INC.** Employer identification number **13-1632530**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21956578.	22598975.	22483791.	22086235.	32082926.	121208505
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	5303841.	5380351.	5642429.	5914252.	6185833.	28426706.
4 Total. Add lines 1 through 3	27260419.	27979326.	28126220.	28000487.	38268759.	149635211
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						149635211

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	27260419.	27979326.	28126220.	28000487.	38268759.	149635211
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	87,396.	89,905.	109,427.	169,804.	82,516.	539,048.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	96,114.	56,278.	109,573.	36,385.	44,570.	342,920.
11 Total support. Add lines 7 through 10						150517179
12 Gross receipts from related activities, etc. (see instructions)					12	24,334,375.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.41 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.24 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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

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

OTHER REVENUE

2016 AMOUNT: \$ 50,154.

2017 AMOUNT: \$ 12,443.

2018 AMOUNT: \$ 51,776.

2019 AMOUNT: \$ 5,183.

2020 AMOUNT: \$ 44,570.

INSURANCE RECOVERIES

2016 AMOUNT: \$ 40,387.

2017 AMOUNT: \$ 38,585.

REIMBURSEMENTS

2016 AMOUNT: \$ 3,541.

2017 AMOUNT: \$ 2,288.

2018 AMOUNT: \$ 57,797.

2019 AMOUNT: \$ 31,202.

VENDING INCOME

2016 AMOUNT: \$ 2,032.

2017 AMOUNT: \$ 2,962.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

UNION SETTLEMENT ASSOCIATION, INC.

Employer identification number

13-1632530

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization UNION SETTLEMENT ASSOCIATION, INC.	Employer identification number 13-1632530
-----------------------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>3,354,259.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>9,251,132.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>3,336,175.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>3,088,298.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>2,818,777.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,918,428.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNION SETTLEMENT ASSOCIATION, INC.	Employer identification number 13-1632530
-----------------------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,459,572.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNION SETTLEMENT ASSOCIATION, INC.	Employer identification number 13-1632530
-----------------------------------------------------------------------	---------------------------------------------------------

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

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

Name of organization UNION SETTLEMENT ASSOCIATION, INC.	Employer identification number 13-1632530
-------------------------------------------------------------------	-----------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: UNION SETTLEMENT ASSOCIATION, INC. Employer identification number: 13-1632530

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,438,870.	2,701,228.	742,459.	684,536.	597,666.
b Contributions	760,704.	588,370.	1,603,486.		30,000.
c Net investment earnings, gains, and losses	658,599.	149,272.	355,283.	57,923.	56,870.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,858,173.	3,438,870.	2,701,228.	742,459.	684,536.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 50.6200 %
 - b Permanent endowment 48.3600 %
 - c Term endowment 1.0200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		5,379.	5,379.	0.
e Other		75,378.	75,378.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION LIABILITY	3,802,446.
(3) RECOVERABLE GRANT	1,300,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,102,446.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	47,171,544.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	705,661.	
b	Donated services and use of facilities	2b	6,190,946.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	2,084,144.	
e	Add lines 2a through 2d	2e		8,980,751.
3	Subtract line 2e from line 1	3		38,190,793.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		38,190,793.

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

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

1	Total expenses and losses per audited financial statements		1	38,532,520.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	6,190,946.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		6,190,946.
3	Subtract line 2e from line 1	3		32,341,574.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		32,341,574.

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 V, LINE 4:

UNION SETTLEMENT'S ENDOWMENT CONSISTS OF GIFTS FROM VARIOUS DONORS. THE INCOME FROM THE ASSETS WILL BE USED TO SUPPORT THE ORGANIZATIONS' PROGRAMS.

PART X, LINE 2:

UNION SETTLEMENT RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT UNION SETTLEMENT HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. UNION SETTLEMENT BELIEVES IT IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO JUNE 30, 2018.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION LIABILITY ADJUSTMENT 2,084,144.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SPRING BENEFIT (event type)	FALL RECEPTION (event type)	1 (total number)		
Revenue	1	Gross receipts	369,948.	276,521.	5,000.	651,469.
	2	Less: Contributions	369,948.	276,521.	5,000.	651,469.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment		13,850.		13,850.
	9	Other direct expenses	22,800.	3,296.		26,096.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				39,946.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-39,946.

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

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

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART II:

BOTH THE SPRING BENEFIT AND FALL RECEPTION WERE VIRTUAL EVENTS IN FISCAL YEAR 2021.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **UNION SETTLEMENT ASSOCIATION, INC.** Employer identification number **13-1632530**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ANTWERP B LLC 129 EAST 101ST STREET NEW YORK, NY 10029	47-2292854		20,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
BARCHA PIZZA INC D/B/A BARCHA 1820 MADISON AVENUE NEW YORK, NY 10035	83-3867504		20,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
EL BARRISTA CAFE 2154 3RD AVENUE NEW YORK, NY 10035	85-4033566		20,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
FOOD SIN FRONTERAS 400 EAST 120TH STREET NEW YORK, NY 10035	46-3003864		20,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
GINJAN BROS LLC 1580 PARK AVENUE NEW YORK, NY 10029	47-4371643		20,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
FFRC INC D/B/A TRIPLE.A.RESTAURANT 2061 2ND AVENUE NEW YORK, NY 10029	38-4120708		20,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

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

3 Enter total number of other organizations listed in the line 1 table ▶ 231.

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAPS VENTURES INC 63 EAST 125TH STREET NEW YORK, NY 10035	82-1704855		20,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
LA GUADALUPE RESTAURANT CORP 179 EAST 115TH STREET NEW YORK, NY 10029	83-2300162		20,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
G'S CAFE GROUP INC 1798 3 RD AVENUE NEW YORK, NY 10029	84-4223218		18,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
EDWARD RODWELL D/B/A AMUSE BOUCHE NYC - 181 EAST 119 STREET - NEW YORK, NY 10035	81-2729607		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
ANTWERP J. LLC 129 EAST 101ST STREET NEW YORK, NY 10029	83-2686780		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
CASA AZUL GROUP INC D/B/A BISTRO CASA AZUL - 343 PLEASANT AVENUE - NEW YORK, NY 10035	81-3846070		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
MYNY BAKERY CAFE LLC 1565 LEXINGTON AVENUE NEW YORK, NY 10029	45-3591027		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
AZTECA WESTERN WEAR CORP 222 EAST 116TH STREET NEW YORK, NY 10029	82-3197685		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
TEDDY'S F&B D/B/A AC GMG LLC 2171 2ND AVENUE NEW YORK, NY 10029	83-3842673		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDDIE'S PIZZA & TAQUERIA CORP 184 EAST 208 STREET NEW YORK, NY 10029	83-0833285		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
HESTIANYC CORP DBA BAKED CRAVINGS 1673 LEXINGTON AVE NEW YORK, NY 10029	81-5331220		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
ISLAND BITES INC 2107 1ST AVENUE NEW YORK, NY 10029	82-5047118		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
SUPER NICE COFFEE AND BAKERY LLC 156 EAST 117TH STREET NEW YORK, NY 10035	82-5061518		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
SRIJANA GHISHING D/B/A SATHI NAIL SPA - 180 EAST 104TH STREET - NEW YORK, NY 10029	82-5061898		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
PABADE BAKERY LLC 135 EAST 110TH STREET NEW YORK, NY 10029	81-3103012		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
ITALIAN FOOD PHILOSOPHY LLC D/B/A DELL ARIA - 232 EAST 111TH STREET - NEW YORK, NY 10029	82-3087445		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
BANGKLYN CORPORATION 2051 2ND AVENUE NEW YORK, NY 10029	82-2720946		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
EL SAN JUAN RESTAURANT 1429 5TH AVENUE NEW YORK, NY 10035	82-1099806		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JZG BEAUTY SALON INC 147 EAST 103RD STREET NEW YORK, NY 10029	82-5479813		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
LIZZIE FRUITS, DELI & GROCERY 2288 2ND STREET NEW YORK, NY 10035	83-2663181		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
VIDIGAL NYC LLC 2337 1ST AVENUE NEW YORK, NY 10035	82-2206310		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
LADYS SEAFOOD & SOUL FOOD INC 2321 1ST AVENUE NEW YORK, NY 10035	82-2731124		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
OCELOTI DINER CORP 2247 1ST STREET NEW YORK, NY 10029	46-3620562		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
LIGHTHOUSE FISH MARKET 508 E. 117TH STREET NEW YORK, NY 10027	83-1051153		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
ROCKSONS CORP 1625 LEXINGTON AVENUE NEW YORK, NY 10029	83-2533751		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
1569 LEX CAFE CORP 1569 LEXINGTON AVENUE NEW YORK, NY 10029	47-2202045		34,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
2 LEGENDS LLC 508 EAST 117TH STREET NEW YORK, NY 10035	82-3627054		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
99C STAR DISCOUNT INC 1929 THIRD AVENUE NEW YORK, NY 10029	82-3628400		18,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
PLAY UP STUDIO LLC 1992 3RD AVENUE NEW YORK, NY 10029	83-3277007		17,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
EAST HARLEM BOTTLING CO 1711 LEXINGTON AVENUE NEW YORK, NY 10029	47-3986065		16,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
SWEET VEGAN LLC 1590 PARK AVENUE NEW YORK, NY 10029	81-3176247		16,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
EL PASO TAQUERIA CORP D/B/A EL PASO CAFE CORP - 1642 LEXINGTON AVENUE - NEW YORK, NY 10029	84-1962547		32,300.	0.			COVID-19 FINANCIAL ASSISTANCE.
UPLIFT SPA 208 EAST 116TH STREET NEW YORK, NY 10029	60-9050148		16,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
LETS SMILE DENTAL PC 208 EAST 116TH STREET NEW YORK, NY 10029	81-4150166		16,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
FRENCHY COFFE NYC LLC 129 EAST 102ND STREET NEW YORK, NY 10029	61-1791813		16,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
106 FAMILY DELI & GROCERY INC 318 E 106TH STREET NEW YORK, NY 10029	47-1029410		16,200.	0.			COVID-19 FINANCIAL ASSISTANCE.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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AHMAD GROUP INC DBA AHMAD PACK N SHIP - 2196 THIRD AVENUE - NEW YORK, NY 10035	84-4346385		16,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
TRAVERTINO LLC 118 EAST 116TH STREET NEW YORK, NY 10029	37-1946172		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
MFG ENTERPRISES D/B/A ARMONIE 1649 PARK AVENUE NEW YORK, NY 10035	46-0882718		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
BACKTHREE INC 2289 1ST AVENUE NEW YORK, NY 10035	47-3966241		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
DOMEX ADORNO LLC DBA BLUE COCO 153 106TH STREET NEW YORK, NY 10029	47-1818147		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
EL PUEBLO MEXICANO GROCERY 238 E 116TH STREET NEW YORK, NY 10029	13-4003857		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
SAPOARA LLC 2262 FIRST AVENUE NEW YORK, NY 10035	47-4124254		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
MAJESTIC IMAGES INTERNATIONAL D/B/A THE BROWNSTONE - 24 EAST 125TH STREET - NEW YORK, NY 10035	13-4131285		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
AMADO FERNANDEZ D/B/A COMPI.BARBER.SHOP - 1703 LEXINGTON AVENUE - NEW YORK, NY 10029	72-9140066		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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DUNRITE GLASS AND WINDOWS CO INC 1691 LEXINGTON VENUE NEW YORK, NY 10029	13-3533382		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
H&M ART AND HOME DCOR INC 17TH EAST 125TH STREET NEW YORK, NY 10035	20-4957744		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
JULIO VALDEZ STUDIO LLC 176 EAST 106TH STREET, NEW YORK, NY 10029	27-5208135		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
CARANDA EMPORIUM LLC D/B/A SERENGETI, TEAS&SOUCES - 225 EAST 125TH STREET - NEW YORK, NY 10035	27-1234765		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
SPRINKLE SPLASH INC 1590 PARK AVENUE NEW YORK, NY 10029	27-3971435		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
SISTERS CUISINE INC 47 EAST 124TH STREET NEW YORK, NY 10035	13-3830454		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
RASBERRY DELI GROCERY CO 2127 2ND AVENUE NEW YORK, NY 10029	26-4213297		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
RANDY BARBERSHOP UNISEX INV 106 EAST 116TH STREET NEW YORK, NY 10029	46-2601977		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
DIRECT PRINT INC 77 EAST 125TH STREET NEW YORK, NY 10035	45-2562013		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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EDDIE JRS HAIR SALON INC 1602 MADISON AVENUE NEW YORK, NY 10029	37-1435807		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
JAGUAR RESTAURANT INC 1735 LEXINGTON AVENUE NEW YORK, NY 10029	71-0963491		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
MULLERO KAIZEN DO LLC 1786 3RD AVENUE NEW YORK, NY 10029	04-3813473		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
THE LAW OFFICE OF CESAR A.FERNANDEZ, PC - 2298 FIRST AVENUE - NEW YORK, NY 10035	06-1719687		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
UPTOWN VEG INC 52 E. 125TH STREET NEW YORK, NY 10035	27-3117076		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
COPYKAT INFORMATION & BUSINESS CENTER INC. - 1785 LEXINGTON AVE - NEW YORK, NY 10029	13-3975765		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
JAVI FLAT FIX 314 EAST 112TH STREET NEW YORK, NY 10029	45-2962225		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
J CELLAN DESIGNS LLC 501 EAST 116TH STREET NEW YORK, NY 10029	47-1636363		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
KALLEJON CORP 209 EAST 117TH STREET NEW YORK, NY 10035	47-1689336		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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LUXURY HAIR LOUNGE LLC 111 EAST 125TH STREET NEW YORK, NY 10035	81-4901930		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
O&G PARTY PALACE CORP 2175 THIRD AVENUE NEW YORK, NY 10035	81-1923933		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
A FERNANDEZ ASSOC 2032 MADISON AVENUE NEW YORK, NY 10035	13-3558685		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
BABACAR FALL D/B/A BABA FASHION HARLEM - 1945 MADISON AVENUE - NEW YORK, NY 10035	11-5947261		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
109 EMBROIDERY INC 1955 THIRD AVENUE NEW YORK, NY 10029	33-5923223		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
CRYSTAL CLEAN HOUSE INC 109 EAST 116TH STREET NEW YORK, NY 10029	04-3688416		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
NEXT LEVEL BARBERS INC 128 EAST 111TH STREET NEW YORK, NY 10029	81-3431822		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
AVENUE NAIL 1 INC 1774 LEXINGTON AVE NEW YORK, NY 10029	47-4053456		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
DEM LEXINGTON CORP 1693 LEXDINGTON AVENUE NEW YORK, NY 10029	82-2323151		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOBÉ ABEKOUTA INC 4 EAST 116TH /STREET NEW YORK, NY 10029	45-5282400		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
OWEN'S VARIETY INC 108 EAST 116TH STREET NEW YORK, NY 10029	83-2479701		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
POUNCING TIGERS INC 2032 2ND AVENUE NEW YORK, NY 10029	90-0585578		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
AMIS DISCOUNTED FURNITURE LLC 2026 3RD AVENUE NEW YORK, NY 10029	47-1450217		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
LA FONDA RESTAURANT AND TAPAS BAR INC - 169 EAST 106TH STREET - NEW YORK, NY 10029	45-3042361		16,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
AMERICA JEWELRY REPAIR INC 106 EAST 116TH STREET NEW YORK, NY 10029	13-3962051		15,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
CONNY NAIL SALON LLC 1986 3RD AVENUE NEW YORK, NY 10029	83-4468868		15,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
7 BROTHERS DELI & GRILL CORP 2866 1ST AVENUE NEW YORK, NY 10035	84-3852718		15,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
DEBRA SEIDMAN 68 EAST 127TH STREET NEW YORK, NY 10035	27-3914710		15,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUALITY AND NATURAL FOOD CORP 107 EAST 125TH STREET NEW YORK, NY 10035	81-0786106		15,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
EL BARRIO VIDEO WIRELESS 232 EAST 116TH STREET NEW YORK, NY 10029	14-1873392		15,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
NITS DOLLAR DEALS INC 1804 3RD AVENUE NEW YORK, NY 10029	84-3638075		15,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
BISTRO 1971 INC 1976 1ST AFENUE NEW YORK, NY 10029	46-3155774		15,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
CLARA 4 EVER BEAUTY PARLOR LLC 2151 2ND AVENUE NEW YORK, NY 10029	30-1236133		15,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
EUROMEX SOCCER CORP 246 EAST 116TH STREET NEW YORK, NY 10029	27-2356517		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
PANAMA HAT ROASTERS LLC D/B/A DEAR MAMA COFFEE - 308 EAST 109TH STREET - NEW YORK, NY 10029	47-4065520		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
SPAHA LOUNGE INC 1634 LEXINGTON AVENUE NEW YORK, NY 10029	26-1915782		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
BEST LEXINGTON PIZZA CORP 1634 LEXINGTON AVENUE NEW YORK, NY 10029	90-0753128		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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B&S ACCOUNTING SERVICES 1978 THIRD AVENUE 2ND FL NEW YORK, NY 10029	20-2899206		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
EVELYN'S KITCHEN 2317 FIRST AVENUE NEW YORK, NY 10035	27-1705560		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
NOCCIOLA110 CORP D/B/A EL PASO 123 EAST 110TH STREET NEW YORK, NY 10029	47-5004507		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
COINCI-DENTAL, PC 181 EAST 104TH STREET NEW YORK, NY 10029	46-1329882		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
D.H.EAGLE PLUMBING LLC 2250 2ND AVENUE NEW YORK, NY 10029	77-0719336		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
FU WING GARDEN INC 153 EAST 106TH STREET NEW YORK, NY 10029	81-2889932		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
HARLEM USA STORE INC 20 EAST 125TH STREET NEW YORK, NY 10035	13-4026515		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
LOS PINOS RESTAURANT CORP DBA PIPO'S RESTAURANT - 166 E 118TH ST - NEW YORK, NY 10035	61-1730316		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
MAKISO CORP 2085 LEXINGTON AVENUE NEW YORK, NY 10029	20-0717995		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.

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TEAMWORKON3 LLC 2007 LEXINGTON AVENUE NEW YORK, NY 10035	09-3721164		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
LAS DELICIAS MEXICANAS CORP 21-09 3RD AVE NEW YORK, NY 10029	20-8969523		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
EL BARRIOS CAR SERVICE LLC 220 EAST 116TH STREET NEW YORK, NY 10029	45-5373947		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
MICKI GARCIA REALTY INC 11 EAST 125TH STREET NEW YORK, NY 10035	27-4727292		14,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
HOTEL BARK AVENUE LLC 143 EAST 103RD STREET NEW YORK, NY 10029	81-2010003		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
EL NUEVO CARRIBENO INC 1675 LEXINGTON AVENUE NEW YORK, NY 10029	82-3662733		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
HEAVY METAL BIKE SHOP D/B/A JOSE ORLANDO SEDANO - 2016 3RD AVENUE - NEW YORK, NY 10029	13-4069130		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
315 FINEST FOOD AND DELI CORP 315 PLEASANT AVENUE NEW YORK, NY 10035	47-5156440		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
EXCLUSIVE DENTAL STUDIOS/ MADISON AVENUE DENTAL ASSOCIATES -ACH - 1825 MADISON AVENUE - NEW YORK, NY 10035	41-2188853		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.

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MARK INC DBA EYES FOR U OPTICAL 1930 THIRD AVENUE NEW YORK, NY 10029	13-3890813		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
BORN STAR AMERICA CORP 213 EAST 117TH STREET NEW YORK, NY 10035	47-2076481		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
DAE YOUNG LAUNDROMAT CORP 359 EAST 105TH STREET NEW YORK, NY 10029	20-5164826		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
1621 A EL TEPEYAC CORP 1621-A LEXINGTON AVENUE NEW YORK, NY 10029	46-2896754		14,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
KCS CRYSTAL INC 2264 1ST AVENUE NEW YORK, NY 10035	20-5544212		14,100.	0.			COVID-19 FINANCIAL ASSISTANCE.
A&M FOOD CORP 10 EAST 125TH STREET NEW YORK, NY 10035	37-1949225		14,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
MOCHA COFFEE & JUICE BAR 203 EAST 121ST STREET NEW YORK, NY 10035	82-2250050		14,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
COOP ARCOIRIS LLC 1627 PARK AVENUE NEW YORK, NY 10029	45-2732427		14,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
103 FAMILY DELI INC 2006 2ND AVENUE NEW YORK, NY 10029	83-1846433		14,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

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S&C KIDS POWER CORP 1935 THIRD AVENUE NEW YORK, NY 10029	71-1038991		13,800.	0.			COVID-19 FINANCIAL ASSISTANCE.
MEXICO TRAVEL CORP 238 EAST 116TH STREET NEW YORK, NY 10029	20-3701505		13,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
TAVERAS BARBER SHOP 114 EAST 116TH STREET NEW YORK, NY 10029	06-4848312		13,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
EMILIN COMBS SAVOURY 185 EAST 117TH STREET NEW YORK, NY 10035	13-1928757		13,300.	0.			COVID-19 FINANCIAL ASSISTANCE.
LAIA FURNITURE CORP 2156 THIRD AVENUE NEW YORK, NY 10035	83-1940202		13,100.	0.			COVID-19 FINANCIAL ASSISTANCE.
HARLEM PEDIATRIC ASSOCIATES PC 2251 2ND AVENUE NEW YORK, NY 10029	30-0181798		13,100.	0.			COVID-19 FINANCIAL ASSISTANCE.
CAFE JOAD LLC D/B/A JOY,BURGER,BAR 1567 LEXINGTON AVENUE NEW YORK, NY 10029	47-1072236		13,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
DOS AMIGOS RESTAURANT GROUP LLCD/B/A LACHULA - 137 EAST 116TH STREET - NEW YORK, NY 10029	81-3818425		13,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
L VICTORIA CORONATO DVM PC 2232 1ST AVENUE NEW YORK, NY 10029	30-0069437		13,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

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FIFTH AVENUE SADC INC 1325 5TH AVENUE NEW YORK, NY 10029	46-1074935		13,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
EAGEL GROUP LLC D/B/A EAGLE CONSTRUCTION GROUP - 2250 2ND AVENUE - NEW YORK, NY 10029	66-1775328		13,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
STAFFING 911 INC 251 EAST 110TH STREET NEW YORK, NY 10029	46-1829044		13,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
ROOM ONE TWELVE INC 510 EAST 117TH STREET NEW YORK, NY 10035	85-3527677		13,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
LEXINGTON HEALTH CARE INC 1570 LEXINGTON AVENUE NEW YORK, NY 10029	45-3995753		12,800.	0.			COVID-19 FINANCIAL ASSISTANCE.
1947 THIRD AVE CLOTHING LLC 1947 THIRD AVENUE NEW YORK, NY 10029	80-0857596		12,800.	0.			COVID-19 FINANCIAL ASSISTANCE.
EL CHEVERE CUCHIFRITOS CORP 2000-2002 THIRD AVENUE NEW YORK, NY 10029	45-3624350		12,800.	0.			COVID-19 FINANCIAL ASSISTANCE.
AMADOU SPORTSWEAR 1932 3RD AVE, NEW YORK, NY 10029	27-5403557		12,800.	0.			COVID-19 FINANCIAL ASSISTANCE.
GARCIA GUNG FU LLC 451 EAST 117TH STREET NEW YORK, NY 10035	45-4315656		12,700.	0.			COVID-19 FINANCIAL ASSISTANCE.

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HEALTHY CHOICE GOURMET INC 1776 MADISON AVENUE NEW YORK, NY 10035	81-1313324		12,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
FOLASADE A TYLER 126 EAST 126TH STREET NEW YORK, NY 10035	07-7640699		12,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
MONGKOL EATERY LLC 1590 LEXINGTON AVENUE NEW YORK, NY 10029	83-1894402		12,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
MERCEDES QUERO 224 EAST 116TH STREET NEW YORK, NY 10029	12-2847501		12,300.	0.			COVID-19 FINANCIAL ASSISTANCE.
GLADYS CRUZ 107 EAST 116TH STREET NEW YORK, NY 10029	45-4737446		12,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
CARLYS HAIR SPOT INC 1783 LEXINGTON AVENUE NEW YORK, NY 10029	47-2222584		12,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
STYLISH SPOON LLC 30 HILLANDALE ROAD WESTPORT, CT 06880	84-2521618		12,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
CASSAVA HOUSE CORP 2270 FIRST AVENUE NEW YORK, NY 10035	82-2536401		12,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
MARGARITAS BEAUTY SALON 2250 1ST AVENUE NEW YORK, NY 10029	45-4783741		12,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FABJ CLEANERS CORP 1796 3RD AVENUE NEW YORK, NY 10029	46-3292695		12,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
TERANGA TAC LLC 1280 5TH AVENUE NEW YORK, NY 10029	83-0992193		12,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
TARIQAH MILLS CPA 87 EAST 116TH STREET NEW YORK, NY 10029	47-2902771		12,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
KAREN'S BEAUTY PALACE 334 EAST 16TH STREET NEW YORK, NY 10029	27-3322765		12,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
RAFAEL SHOE REPAIR 174 EAST 107TH STREET NEW YORK, NY 10029	46-2322118		12,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
DIAMANTE FLOWERS & PARTY RENTALS 327 PLESANT AVENUE NEW YORK, NY 10035	82-3300598		11,700.	0.			COVID-19 FINANCIAL ASSISTANCE.
CAFECITO DEL ARTE CORP 181 EAST 108TH STREET NEW YORK, NY 10029	83-0867565		11,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
WDC SAFETY LLC 310 EAST 112TH /STREET NEW YORK, NY 10029	82-2236988		11,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
AROMAS BOUTIQUE BAKERY C/O BARETT NEW YORK, NY 10029	46-0834576		11,500.	0.			COVID-19 FINANCIAL ASSISTANCE.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JANIE BAKES LLC DBA JANE DEEGAN 1590 PARK AVENUE NEW YORK, NY 10029	82-1450007		11,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
VICTOR CRUZ INC 50 EAST 106TH STREET 15C NEW YORK, NY 10029	90-0941405		11,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
SHAQUANDA WILL FEED YOU LLC 1580 PARK AVENUE NEW YORK, NY 10029	81-2477551		11,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
LEVI CORPORATION 149 EAST 116TH STREET NEW YORK, NY 10029	13-3291876		11,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
RUBOLS REALTY CORP 115 EAST 116TH STREET NEW YORK, NY 10029	13-2997771		11,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
THE ROSARIO GROUP 440 EAST 105TH STREET NEW YORK, NY 10029	47-4949034		11,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
NCV CAPITAL PARTNERS 1974 MADISON AVENUE NEW YORK, NY 10035	20-8551961		11,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
TOUDA AFRICA STORE 2246 2ND AVENUE NEW YORK, NY 10029	11-4841229		11,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
POLE TO POLE FITNESS LLC 400 EAST 116TH STREET NEW YORK, NY 10029	46-1527347		11,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANCISCA SALGADO D/B/A FRANSICA UNISEX - 1747 LEXINGTON AVENUE - NEW YORK, NY 10029	11-3824678		11,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
DANISH FOOD CORP 2041 1ST AVENUE NEW YORK, NY 10029	82-4724046		10,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
ANSELMA ROJAS MARTINEZ 124 EAST 116TH STREET NEW YORK, NY 10029	90-6999218		10,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
SAFARI RESTAURANT NYC LLC 1590 PARK AVENUE NEW YORK, NY 10029	47-2478917		10,300.	0.			COVID-19 FINANCIAL ASSISTANCE.
JCA BARBERSHOP CORP D/B/A JAIME HERNANDEZ AQUINO - 242 EAST 116TH STREET - NEW YORK, NY 10029	46-2974168		10,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
ANGELA UNISEX 155 EAST 106TH STREET 1FL. NEW YORK, NY 10029	47-4226391		10,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
GUERRERENSE BARBER SHOP 301 EAST 116TH STREET NEW YORK, NY 10029	45-5621167		10,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
RPL CONSUTTING LLC 55 EAST 115TH STREET NEW YORK, NY 10029	82-5451710		10,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
DIANA LOARRAZABAL 242 EAST 116TH STREET NEW YORK, NY 10029	46-1649573		9,500.	0.			COVID-19 FINANCIAL ASSISTANCE.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVARISTO FERNANDEZ ROSARIO 176 EAST 106TH STREET NEW YORK, NY 10029	72-9142769		9,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
HARLEM CUTS, LLC 2310 SECOND AVENUE NEW YORK, NY 10035	83-3932958		9,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
120TH STREET CLEANERS N.Y.C. INC 2337 FIRST AVENUE NEW YORK, NY 10035	82-2998543		9,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
CHEF EL-AMIN CATERERS LLC 1590 PARK AVENUE NEW YORK, NY 10029	27-1657472		9,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
RIVERSIDE CATERERS NYC LLC 460 EAST 115TH STREET NEW YORK, NY 10029	83-1020893		9,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
DAVID FALU D/B/A UPARTY 2163 1ST AVENUE NEW YORK, NY 10029	12-8586484		9,300.	0.			COVID-19 FINANCIAL ASSISTANCE.
SMILE FAMILY DENTIST 247 EAST 116TH STREET NEW YORK, NY 10029	01-0711814		9,100.	0.			COVID-19 FINANCIAL ASSISTANCE.
D&C COFFEE INC 2315 EAST 2ND AVENUE NEW YORK, NY 10035	83-1904564		9,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
NAJEE BRYANT 2157 1ST AVENUE NEW YORK, NY 10029	82-4058351		9,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAMONA ADORNO 1679 MADISON AVENUE 2ND FL NEW YORK, NY 10029	10-9786779		9,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
IMAGES MENS BARBER SHOP PTR 2252 SECNOD AVENUE NEW YORK, NY 10029	81-3947962		9,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
O CUISINE LLC 1261 PARK AVENUE NEW YORK, NY 10029	82-5277100		9,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
SPA BOUTIQUE 2GO LLC 69 EAST 130TH STREET NEW YORK, NY 10037	26-2145290		8,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
IRAMHAJ HAIR AND GALLERY CORP 2313 2ND AVENUE NEW YORK, NY 10035	45-2962021		8,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
RAPPIN FIREMAN 420 EAST 111TH STREET NEW YORK, NY 10029	20-3697189		8,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
KAHLUAS CAFE INC 2117 3RD AVENUE NEW YORK, NY 10029	04-3724098		8,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
JB BARBERSHOP 223 EAST 116TH STREET NEW YORK, NY 10029	46-3867972		8,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
SATIJA VISION CARE OPTOMETRY, P.C 404 EAST 117TH STREET 1ST FL NEW YORK, NY 10035	47-2949989		8,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRETTY GIRL SALON CORP 2281 1ST AVENUE NEW YORK, NY 10035	46-1810075		8,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
118 KITCHEN INC 1 EAST 118TH STREET NEW YORK, NY 10035	07-6965246		8,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
SANDRA HAIR CENTER 2425 2ND AVENUE NEW YORK, NY 10035	47-4796209		8,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
ANDRADE ENTERPRISE 177 EAST 102ND STREET NEW YORK, NY 10029	08-7448896		8,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
BEST BIKE INC 1721 LEXINGTON AVENUE NEW YORK, NY 10029	84-2289466		7,700.	0.			COVID-19 FINANCIAL ASSISTANCE.
CHAVEZ TAX SERVICES D/B/A JOSE.CHAVEZ - 151 EAST 106TH STREET - NEW YORK, NY 10029	26-3635598		7,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
BOMBSHELL BEAUTY LAB 245 EAST 111TH STREET NEW YORK, NY 10029	83-0840106		7,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
JUAN GUZMAN D/B/A JUANA GUZMAN BARBERSHOP - 1717 LEXINGTON AVENUE - NEW YORK, NY 10029	06-9841230		7,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
LA REINA DEL BARRIO, INC. 1214 5TH AVENUE NEW YORK, NY 10029	46-2519267		7,500.	0.			COVID-19 FINANCIAL ASSISTANCE.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGINA FALU CO LLC 333 EAST 118TH STREET NEW YORK, NY 10035	82-2746735		7,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
SANT-ANDREA INC 38 E 98TH STREET NEW YORK, NY 10029	30-1011959		7,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
AUREA4SHAVE LLC 118 EAST 124TH STREET #703 NEW YORK, NY 10035	47-4690513		7,300.	0.			COVID-19 FINANCIAL ASSISTANCE.
FIERCE SPA NAIL SALON CORP 2246 1ST AVENUE NEW YORK, NY 10029	45-4818730		7,300.	0.			COVID-19 FINANCIAL ASSISTANCE.
MARIA TERESA GUILLO 221 EAST 111TH STREET #7C NEW YORK, NY 10029	59-7208543		7,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
ROLAND GEBHARDT LLC 213 EAST 121ST STREET NEW YORK, NY 10035	11-6401827		7,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
DEVILS INK TATTOOS 2133 2ND AVENUE NEW YORK, NY 10029	11-1965974		7,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
MELVIN FERNANDEZ D/B/A MELVIN HAIR STYLES BARBER SHOP - 2172 SECOND AVENUE - NEW YORK, NY 10029	18-1391360		7,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
TALLER CARMEN AYALA 1590 PARK AVENUE NEW YORK, NY 10029	58-4563724		7,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KHADY TOUBA INC 2166 2ND AVENUE NEW YORK, NY 10029	85-1845748		6,900.	0.			COVID-19 FINANCIAL ASSISTANCE.
LUISA MARTINEZ-DBA LM LITTLE STAR DAYCARE - 432 EAST 105TH STREET - NEW YORK, NY 10029	20-8530233		6,700.	0.			COVID-19 FINANCIAL ASSISTANCE.
AYANO HISA PHOTOGRAPHY INC 1990 LEXINGTON AVE NEW YORK, NY 10035	83-2832609		6,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
ANTIOCO SANCHEZ 167 EAST 111TH STREET NEW YORK, NY 10029	12-4744511		6,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
THE NUEVA YORK A. C. P. GROUP LLC 1399 PARK AVENUE #15A NEW YORK, NY 10029	46-0993374		6,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
YOLANDA BROOKS PRODUCTIONS 221 EAST 122ND STREET NEW YORK, NY 10035	11-8606335		6,400.	0.			COVID-19 FINANCIAL ASSISTANCE.
THE EGG ROLL QUEEN DBA ANGELA FULLER - 238 EAST 112TH STREET - NEW YORK, NY 10029	05-4467183		6,200.	0.			COVID-19 FINANCIAL ASSISTANCE.
JAIME FLORES D/B/A AZTECA.UNISEX.BARBER.SHOP - 234 EAST 116TH STREET - NEW YORK, NY 10029	27-2356517		6,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
RUBIO RECORD DISTRIBUTING CORP 151 EAST 116TH STREET NEW YORK, NY 10029	13-2634279		6,000.	0.			COVID-19 FINANCIAL ASSISTANCE.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLY ARROYO FRIAS D/B/A DJ BARBER SHOP - 124 EAST 107TH STREET - NEW YORK, NY 10029	73-1095083		6,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
INNOVATIVE THERAPY SOLUTIONS 245 E 124TH STREET NEW YORK, NY 10035	38-3778010		6,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
XAD PRODUCTIONS LLC 2353 2ND AVENUE NEW YORK, NY 10035	85-1011698		6,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
STAR ONE WIRELESS REPAIR CORP 1864 3RD AVENUE NEW YORK, NY 10029	83-2324398		6,000.	0.			COVID-19 FINANCIAL ASSISTANCE.
BAZILE ANSELME ENTERPRISE INC 6 EAST 116TH STREET NEW YORK, NY 10029	82-2586609		5,700.	0.			COVID-19 FINANCIAL ASSISTANCE.
THE EMPIRE AGENCY LLC 333 EAST 102ND SREET NEW YORK, NY 10029	83-4075200		5,600.	0.			COVID-19 FINANCIAL ASSISTANCE.
NYLISSA E. WHITAKER 1485 5TH AVENUE NEW YORK, NY 10035	07-4747072		5,500.	0.			COVID-19 FINANCIAL ASSISTANCE.
X-SQUARE AFRICAN-CARIBBEAN FOOD STORE CORP - 1590 PARK AVENUE - NEW YORK, NY 10035	86-1192432		5,400.	0.			COVID-19 FINANCIAL ASSISTANCE.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	40	29,057.	0.		
FOOD ASSISTANCE	0	575,023.	0.		
COVID-19 RELIEF	45	27,387.	0.		
STUDENT AID AND AWARDS	0	71,773.	0.		

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

PART I, LINE 2:

SMALL BUSINESS GRANTS:

IN FISCAL YEAR 2021, THE ORGANIZATION MADE OVER 300 GRANTS TO EAST HARLEM SMALL BUSINESSES IN NEED OF COVID-19 FINANCIAL ASSISTANCE. THE FUNDS WERE DISTRIBUTED BASED ON BUDGETS THE GRANTEE ORGANIZATIONS SUBMITTED ALONG WITH THEIR APPLICATIONS. THE ACTUAL EXPENSES INCURRED WERE AUDITED BY THE STAFF OF UNION SETTLEMENT ASSOCIATION, INC.

HOUSING AND BASIC NECESSITIES ASSISTANCE:

Part IV Supplemental Information

THIS ASSISTANCE WAS PAID DIRECTLY TO VENDORS, NOT THE RECIPIENT OF THE BENEFIT. THE AMOUNT OF ASSISTANCE WAS DETERMINED BY THE OVERALL SENIOR PROGRAM DIRECTOR.

SCHOLARSHIPS:

COLLEGE SCHOLARSHIPS FUNDS WERE AWARDED TO STUDENTS IN THE AMOUNT OF \$850 EACH AS APPROVED BY THE EXECUTIVE DIRECTOR. SCHOLARSHIP RECIPIENTS WERE SELECTED BASED ON THEIR ACADEMIC PERFORMANCE THROUGHOUT THE YEAR, BASED ON THE ASSESSMENTS OF THE UNION SETTLEMENT COLLEGE READINESS PROGRAM STAFF.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **UNION SETTLEMENT ASSOCIATION, INC.**
 Employer identification number: **13-1632530**

Part I Questions Regarding Compensation

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

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID NOCENTI EXECUTIVE DIRECTOR	(i)	184,443.	0.	0.	5,088.	1,631.	191,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GABRIELLE SHAPIRO PSYCHIATRIST	(i)	173,667.	0.	0.	4,913.	8,317.	186,897.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **UNION SETTLEMENT ASSOCIATION, INC.** Employer identification number: **13-1632530**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	160,422.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29** 0

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN COLUMN (B).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

UNION SETTLEMENT ASSOCIATION, INC.

Employer identification number

13-1632530

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

HELP UNDERSERVED RESIDENTS IMPROVE THEIR SKILLS AND BUILD BETTER LIVES
FOR THEMSELVES AND THEIR FAMILIES.

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

SENIOR SERVICES - OUR FIVE OLDER ADULT CENTERS, MEALS ON WHEELS, AND
NATURALLY OCCURRING RETIREMENT COMMUNITY (NORC) PROGRAMS PROVIDE
NUTRITION, WELLNESS, EDUCATION, CASE ASSISTANCE, TRANSPORTATION AND
OTHER SERVICES TO OVER 1,500 OLDER ADULTS EACH YEAR.

ADULT EDUCATION - ENGLISH LANGUAGE, LITERACY, HIGH SCHOOL EQUIVALENCY,
DIGITAL LITTERACY, JOB TRAINING AND OTHER EDUCATIONAL CLASSES FOR OVER
400 ADULT STUDENTS EACH YEAR.

SMALL BUSINESS SERVICES - BUSINESS CLASSES, TECHNOLOGY EDUCATION,
NEIGHBORHOOD IMPROVEMENTS, ACCESS TO CAPITAL AND TECHNICAL ASSISTANCE
PROVIDED TO OVER 500 ENTREPRENEURS AND SMALL BUSINESSES THROUGHOUT EAST
HARLEM.

EXPENSES \$ 7,446,871. INCL GRANTS OF \$ 3,972,953. REVENUE \$ 393,408.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION ENGAGED BTQ FINANCIAL FOR FINANCIAL MANAGEMENT SERVICES.
NO EMPLOYEES OF THE ORGANIZATION ARE COMPENSATED BY BTQ FINANCIAL. THE
ORGANIZATION INCURRED \$679,758 OF EXPENSES FOR THESE SERVICES IN FISCAL YEAR
2021.

Name of the organization UNION SETTLEMENT ASSOCIATION, INC.	Employer identification number 13-1632530
----------------------------------------------------------------	----------------------------------------------

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

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND IS REVIEWED BY THE ORGANIZATION'S DIRECTOR OF FINANCE. IT IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY APPLICABLE TO DIRECTORS, OFFICERS, AND KEY PERSONS. COVERED PERSONS HAVE A DUTY TO DISCLOSE TO UNION SETTLEMENT'S COMPLIANCE OFFICER THE EXISTENCE OF ANY POSSIBLE CONFLICT OF INTEREST. THE COMPLIANCE OFFICER IS RESPONSIBLE FOR REPORTING POSSIBLE CONFLICTS OF INTEREST TO THE BOARD. DETERMINATIONS REGARDING CONFLICT MATTERS ARE TO BE MADE BY THE BOARD OF DIRECTORS BY A MAJORITY VOTE OF THE DIRECTORS PRESENT AT THE TIME OF THE VOTE, IF A QUORUM IS PRESENT AT THAT TIME. NO RELATED PARTY OR OTHER COVERED PERSON MAY PARTICIPATE IN DELIBERATIONS OR VOTING RELATING TO A MATTER WITH RESPECT TO WHICH THEY MAY BE CONFLICTED. HOWEVER, SUCH PERSON MAY PRESENT INFORMATION CONCERNING THE TRANSACTION AT A MEETING OF THE BOARD OF DIRECTORS PRIOR TO THE COMMENCEMENT OF DELIBERATIONS OR VOTING RELATING TO SUCH TRANSACTION. IN NO EVENT MAY A COVERED PERSON OR A RELATED PARTY INFLUENCE IMPROPERLY THE DELIBERATION OR VOTING ON THE MATTER GIVING RISE TO A CONFLICT OR POSSIBLE CONFLICT. DELIBERATIONS AND DECISIONS REGARDING CONFLICTS OF INTEREST ARE DOCUMENTED IN THE BOARD MINUTES. EACH DIRECTOR, OFFICER AND KEY PERSON MUST, PRIOR TO THE TIME SUCH PERSON ASSUMES SUCH POSITION, BE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY AND COMPLETE, SIGN AND SUBMIT A WRITTEN CONFLICT OF INTEREST DISCLOSURE FORM TO THE SECRETARY OF UNION SETTLEMENT. AT LEAST ANNUALLY THEREAFTER, EACH DIRECTOR, OFFICER AND KEY PERSON MUST SUBMIT A SIGNED STATEMENT DISCLOSING ANY POSSIBLE CONFLICTS OF INTEREST AND CONFIRMING THAT SUCH PERSON HAS AGREED TO COMPLY WITH THE

Name of the organization UNION SETTLEMENT ASSOCIATION, INC.	Employer identification number 13-1632530
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CONFLICT OF INTEREST POLICY.

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

EXECUTIVE DIRECTOR GOALS ARE ESTABLISHED ANNUALLY AND REVIEWED WITH THE BOARD CHAIR THROUGHOUT THE YEAR. AT THE CONCLUSION OF THE PERFORMANCE YEAR, THE ED CONDUCTS A SELF-EVALUATION, AS WELL AS A 360-SURVEY WITH STAFF, ALL OF WHICH IS REVIEWED BY THE BOARD CHAIR. THE COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOLLOWING A REVIEW OF THE EVALUATION; IN ADDITION, RESULTS OF THE SALARY SURVEY CONDUCTED BY UNITED NEIGHBORHOOD HOUSES ("UNH"), AS WELL AS OTHER RELEVANT MARKET SALARY INFORMATION IS TAKEN INTO ACCOUNT. THE APPROVAL IS DISCUSSED DURING EXECUTIVE SESSION AND THEREFORE IS NOT DOCUMENTED IN THE MINUTES OF THE MEETING OF THE EXECUTIVE COMMITTEE. THE PROCESS WAS LAST CONDUCTED IN 2021.

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

THE FORM 990 IS AVAILABLE ON THE ORGANIZATIONS' WEBSITE AND IS ALSO POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE ORGANIZATION MAKES ITS FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION LIABILITY ADJUSTMENT	2,084,144.
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FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **UNION SETTLEMENT ASSOCIATION, INC.** Employer identification number **13-1632530**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
EAST 103RD STREET HOUSING DEVELOPMENT FUND CORPORATION - 45-3201632, 237 EAST 104TH STREET, NEW YORK, NY 10029	AFFORDABLE HOUSING	NEW YORK	501(C)(4)		UNION SETTLEMENT ASSOCIATION, INC.	X	
EAST 104TH STREET HOUSING DEVELOPMENT FUND COMPANY - 23-7401864, 237 EAST 104TH STREET, NEW YORK, NY 10029	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 7	UNION SETTLEMENT ASSOCIATION, INC.	X	

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

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

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

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

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

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

Part VII Supplemental Information

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

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

UNION SETTLEMENT HOME CARE SERVICES, INC.

DIRECT CONTROLLING ENTITY: UNION SETTLEMENT ASSOCIATION, INC.

NAME OF RELATED ORGANIZATION:

UNION SETTLEMENT HOME CARE, INC.

DIRECT CONTROLLING ENTITY: UNION SETTLEMENT ASSOCIATION, INC.