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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
UNITED BRONX PARENTS INC
% EVELYN ECCLES
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
966 Prospect Avenue

City or town, state or province, country, and ZIP or foreign postal code
Bronx, NY 104551809

D Employer identification number
13-6203312

E Telephone number
(718) 292-9808

G Gross receipts $ 11,546,813

F Name and address of principal officer:
RAUL RUSSI
300 East 175th Street
Bronx, NY 10457

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.acacianetwork.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1966

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
To promote social progress and reaffirm faith in the dignity of men, women and children.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	165
6	Total number of volunteers (estimate if necessary)	**6**	9
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,553,778	7,081,676
9	Program service revenue (Part VIII, line 2g)	5,335,467	4,393,676
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,044	60,247
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,077	11,214
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,950,366	11,546,813
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,391,830	1,217,801
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)	6,830,965	6,377,036
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,450,453	4,255,182
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,673,248	11,850,019
19	Revenue less expenses. Subtract line 18 from line 12	277,118	-303,206

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	27,077,816	27,009,712
21	Total liabilities (Part X, line 26)	4,370,160	4,605,262
22	Net assets or fund balances. Subtract line 21 from line 20	22,707,656	22,404,450

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

****** 2021-05-17
Signature of officer Date

RAUL RUSSI CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01275156

Firm's name ▶ WithumSmithBrown PC — Firm's EIN ▶

Firm's address ▶ ONE TOWER CENTER BLVD 14TH FL
EAST BRUNSWICK, NJ 08816 — Phone no. (732) 828-1614

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 . . . . . ☑

1 Briefly describe the organization's mission:

TO PROMOTE SOCIAL PROGRESS AND REAFFIRM FAITH IN THE DIGNITY OF MEN, WOMEN AND CHILDREN. TO RAISE THE STANDARD OF PUBLIC EDUCATION AND TO MAXIMIZE EFFECTIVE UTILIZATION OF THE SCHOOL SYSTEM BY CHILDREN AND THEIR PARENTS.

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

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

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

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

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

4a	(Code: See Additional Data	) (Expenses $	4,169,777	including grants of $		) (Revenue $	3,858,135)
4b	(Code: See Additional Data	) (Expenses $	3,884,885	including grants of $		) (Revenue $	)
4c	(Code: See Additional Data	) (Expenses $	1,121,899	including grants of $	1,247,223	) (Revenue $	90,890)

See Additional Data Table

4d	Other program services (Describe in Schedule O.) (Expenses $	1,678,280	including grants of $		) (Revenue $	444,651)	
4e	**Total program service expenses ▶**	10,854,841					

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

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? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
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? *If "Yes," complete Schedule L,* Part I	25a		No
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? *If "Yes," complete Schedule L,* Part I	25b		No
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? *If "Yes," complete Schedule L, Part II*	26		No
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? *If "Yes," complete Schedule L,* Part III	27		No
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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

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	33		
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		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	165		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
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?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
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?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
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*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶EVELYN ECCLES 773 PROSPECT AVENUE BRONX, NY 10455 (718) 292-9808

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, or 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAUL RUSSI CHIEF EXECUTIVE OFFICER	1.0 34.0			X				0	797,383	65,322
(2) LYMARIS ALBORS CHIEF OF STAFF/COO	1.0 34.0			X				0	430,578	9,755
(3) JOSE R RODRIGUEZ CLO	1.0 35.0			X				0	400,990	36,393
(4) MILTON A DERIENZO CHIEF FINANCIAL OFFICER	1.0 34.0			X				0	390,856	14,571
(5) PAMELA A MATTEL CHIEF OPERATING OFFICER	1.0 34.0						X	0	360,500	0
(6) MARIA DEL CARMEN ARROYO SVP OF OPERATIONS	1.0 34.0			X				0	288,132	36,556
(7) DAVID COLLYMORE CMO	1.0 35.0			X				0	291,652	14,571
(8) STEVE KADIN VP OF FINANCE	1.0 34.0			X				0	263,679	23,437
(9) VICKY GATELL VP OF FINANCE	1.0 34.0			X				0	210,635	32,506
(10) EVELYN ECCLES DIRECTOR OF FINANCE	35.0 0.0					X		179,591	0	0
(11) STEPHANIE NIETO ADMIN. HEALTH HOMES	35.0 0.0					X		138,339	0	0
(12) HONORABLE HECTOR DIAZ PRESIDENT TO 01/31/2019	1.0 34.0			X				0	62,499	0
(13) EDUARDO ALAYON BOARD CHAIR	1.0 0.0	X		X				0	0	0
(14) DENNIS SEPULVEDA BOARD SECRETARY	1.0 0.0	X		X				0	0	0
(15) FRANK QUILES BOARD TREASURER	1.0 0.0	X		X				0	0	0
(16) TAINA TRAVERSO BOARD MEMBER	1.0 0.0	X						0	0	0
(17) JOSEPH R AYALA BOARD MEMBER	1.0 0.0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) IRIS W RAMIREZ	1.0	X		X				0	0	0
VICE CHAIR	0.0									
(19) GREGORY BLOUNT	1.0	X						0	0	0
BOARD MEMBER	0.0									
(20) LUZ M SANTOS	1.0	X						0	0	0
BOARD MEMBER	0.0									
(21) JOEL SOCARRAS-ROSA PhD	1.0	X						0	0	0
BOARD MEMBER	0.0									
(22) CYNTHIA ISALES Esq	1.0	X						0	0	0
BOARD MEMBER	0.0									
(23) ENRIQUE PEREZ	1.0	X						0	0	0
MEMBER	0.0									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								317,930	3,496,904	233,111

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 ▶ 2

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

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
SERA SECURITY SERVICES LLC, 2804 3RD AVENUE BRONX, NY 10455	SECURITY	121,581
ATOZ CATERING HOUSE, 199-21 MURDOCK AVENUE ST ALBANS, NY 11412	FOOD SERVICE	140,343
REGINA CATERERS, 6409 11TH AVE BROOKLYN, NY 11219	FOOD SERVICE	108,985
THE J PILLA GROUP LTD, 2712 WILLIAMSBRIDGE RD BRONX, NY 10469	CONSTRUCTION	810,133

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 ▶ 4

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	6,166,462			
f All other contributions, gifts, grants, and similar amounts not included above	1f	915,214			
g Noncash contributions included in lines 1a - 1f: $	1g	915,214			
h **Total.** Add lines 1a-1f		7,081,676			
Program Service Revenue	Business Code				
2a MEDICAID	923130	3,858,135	3,858,135		
b FOOD STAMP FEES	624210	90,890	90,890		
c CLIENT FEES	621420	2,565	2,565		
d GROSS RENTS	531110	442,086	442,086		
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f	4,393,676				
3 Investment income (including dividends, interest, and other similar amounts)		60,247			60,247
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
	(i) Real	(ii) Personal			
6a Gross rents 6a					
b Less: rental expenses 6b					
c Rental income or (loss) 6c	0	0			
d Net rental income or (loss)		0			
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a					
b Less: cost or other basis and sales expenses 7b					
c Gain or (loss) 7c					
d Net gain or (loss)		0			
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a	0				
b Less: direct expenses 8b	0				
c Net income or (loss) from fundraising events		0			
9a Gross income from gaming activities. See Part IV, line 19 9a	0				
b Less: direct expenses 9b	0				
c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances 10a	0				
b Less: cost of goods sold 10b	0				
c Net income or (loss) from sales of inventory		0			
Other Revenue Miscellaneous Revenue	Business Code				
11a OTHER INCOME	900099	11,214	11,214		
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d		11,214			
12 **Total revenue.** See instructions		11,546,813	4,404,890		60,247

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,217,801	1,217,801		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	5,078,829	4,873,791	205,038	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	107,621	102,455	5,166	
9 Other employee benefits	778,070	740,722	37,348	
10 Payroll taxes	412,516	392,715	19,801	
11 Fees for services (non-employees):				
a Management	0			
b Legal	33,143	6,530	26,613	
c Accounting	83,379	16,427	66,952	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,280,834	840,793	440,041	
12 Advertising and promotion	0			
13 Office expenses	495,636	378,742	116,894	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,486,310	1,464,370	21,940	
17 Travel	58,524	58,006	518	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	55,499	1,971	53,528	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	580,284	580,284	0	
23 Insurance	152,151	150,812	1,339	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT ACTIVITIES	29,422	29,422		
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	11,850,019	10,854,841	995,178	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		3,495,285	1	3,555,134
	2	Savings and temporary cash investments		136,694	2	111,952
	3	Pledges and grants receivable, net		181,301	3	343,754
	4	Accounts receivable, net		1,171,434	4	1,065,220
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		77,994	9	138,653
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,670,147			
	b	Less: accumulated depreciation	10b 5,850,303	17,315,086	10c	16,819,844
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		4,700,022	15	4,975,155
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		27,077,816	16	27,009,712
Liabilities	17	Accounts payable and accrued expenses		1,691,936	17	1,778,739
	18	Grants payable		0	18	0
	19	Deferred revenue		136,030	19	111,952
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		2,542,194	25	2,714,571
	26	**Total liabilities.** Add lines 17 through 25		4,370,160	26	4,605,262
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		8,820,742	27	9,382,276
	28	Net assets with donor restrictions		13,886,914	28	13,022,174
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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		22,707,656	32	22,404,450
	33	Total liabilities and net assets/fund balances		27,077,816	33	27,009,712

Part XI Reconcilliation 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	11,546,813
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,850,019
3	Revenue less expenses. Subtract line 2 from line 1	3	-303,206
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,707,656
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,404,450

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: ☐ 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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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?	3a	Yes	
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 in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 13-6203312

Name: UNITED BRONX PARENTS INC

Form 990 (2019)

Form 990, Part III, Line 4a:

residential treatment for women with children - see schedule o

Form 990, Part III, Line 4b:

services for people with aids - see schedule O

Form 990, Part III, Line 4c:

food assistance - see schedule o

Form 990, Part III **- 4 Program Service Accomplishments (See the Instructions)**

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:	) (Expenses $	1,013,615	including grants of $	) (Revenue $	442,086)
SUPPORTIVE HOUSING					
(Code:	) (Expenses $	664,665	including grants of $	) (Revenue $	2,565)
DAYCARE					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131021211

SCHEDULE A (Form 990 or 990EZ)

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

2019

Open to Public Inspection

Name of the organization
UNITED BRONX PARENTS INC

Employer identification number
13-6203312

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 **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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	14,368,855	12,669,794	7,819,293	7,553,778	7,081,676	49,493,396
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 **Total.** Add lines 1 through 3	14,368,855	12,669,794	7,819,293	7,553,778	7,081,676	49,493,396
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						0
6 **Public support.** Subtract line 5 from line 4.						49,493,396

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	14,368,855	12,669,794	7,819,293	7,553,778	7,081,676	49,493,396
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	60,072	60,069	60,112	60,044	60,247	300,544
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	451,250	140,152	13,333	1,077	11,214	617,026
11 **Total support.** Add lines 7 through 10						50,410,966

12 Gross receipts from related activities, etc. (see instructions) **12** 32,012,520

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	**14**	98.180 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	**15**	98.305 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

			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 (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**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? *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.*	**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)? *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).*	**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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

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

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**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):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 13-6203312

Name: UNITED BRONX PARENTS INC

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).

Facts And Circumstances Test

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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

2019

Open to Public Inspection

Name of the organization
UNITED BRONX PARENTS INC

Employer identification number
13-6203312

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an 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 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? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- 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 in Part XIII . . . . ☐

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment ▶ .....
- b Permanent endowment ▶ .....
- c Temporarily restricted endowment ▶ .....

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

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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 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		3		3
b Buildings		21,739,066	5,361,139	16,377,927
c Leasehold improvements		598,442	181,735	416,707
d Equipment		332,636	307,429	25,207
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				16,819,844

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

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

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)LOANS RECEIVABLE	4,526,473
(2)SECURITY DEPOSITS	89,612
(3)DUE FROM AFFILIATES	357,106
(4)OTHER ASSETS	1,964
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	4,975,155

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	0
(2) RESERVE FOR DISALLOWANCE	1,911,092
(3) DUE TO AFFILIATE	21,360
(4) REFUNDABLE ADVANCES	782,119
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	2,714,571

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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	11,687,655
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	140,842		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	140,842
3	Subtract line **2e** from line **1**			3	11,546,813
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	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	11,546,813

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	11,990,861
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	140,842		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	140,842
3	Subtract line **2e** from line **1**			3	11,850,019
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	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	11,850,019

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-6203312
Name: UNITED BRONX PARENTS INC

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	The Organization is exempt from federal income taxes under Section 501(c)(3). Accordingly, no provision for income taxes has been reflected in the accompanying financial statements . The Organization is also exempt from state income taxes. The Organization has no unrecog nized income tax liabilities and had no income tax related penalties or interest for the y ears ended June 30, 2020 and 2019. Furthermore, there are no tax related interest or penal ties included in the financial statements presented.

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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

2019

Open to Public Inspection

Name of the organization
UNITED BRONX PARENTS INC

Employer identification number
13-6203312

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FOOD	100		1,217,801	FMV	FOOD
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation

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Schedule J (Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED BRONX PARENTS INC

Employer identification number
13-6203312

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., 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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I LINE 3	PURSUANT TO THE ORGANIZATION'S BYLAWS, THE ORGANIZATION DELEGATES TO ITS PARENT ENTITY THE HIRING OF THE CEO AND PRESIDENT. THE COMPENSATION OF THE EXECUTIVES IS APPROVED BY THE PARENT ENTITY, WHO HIRES A CONSULTANT TO CONDUCT A STUDY. A STANDING COMPENSATION COMMITTEE OF THE PARENT ENTITY REVIEWS A COMPENSATION STUDY AND VOTES ON HOW TO PROCEED.
PART I LINE 4A	PAMELA MATTEL RECEIVED SEPARATION PAY. THIS AMOUNT IS INCLUDED IN PART II COLUMN B (III)
PART I LINE 7	THE BONUSES FOR THE CEO AND PRESIDENT ARE APPROVED BY THE BOARD OF THE PARENT ENTITY. THE REMAINING EXECUTIVE BONUSES ARE APPROVED BY THE CEO.

Additional Data

Software ID:
Software Version:
EIN: 13-6203312
Name: UNITED BRONX PARENTS INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1RAUL RUSSI CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	603,969	181,414	12,000	21,000	44,322	862,705	0
1PAMELA A MATTEL CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	360,500	0	0	360,500	0
2LYMARIS ALBORS CHIEF OF STAFF/COO	(i)	0	0	0	0	0	0	0
	(ii)	352,878	67,500	10,200	9,184	571	440,333	0
3VICKY GATELL VP OF FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	210,635	0	0	10,670	21,836	243,141	0
4 MARIA DEL CARMEN ARROYO SVP OF OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	254,164	25,468	8,500	14,000	22,556	324,688	0
5STEVE KADIN VP OF FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	263,679	0	0	13,200	10,237	287,116	0
6JOSE R RODRIGUEZ CLO	(i)	0	0	0	0	0	0	0
	(ii)	315,640	59,600	25,750	14,000	22,393	437,383	0
7MILTON A DERIENZO CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	335,035	33,571	22,250	14,000	571	405,427	0
8DAVID COLLYMORE CMO	(i)	0	0	0	0	0	0	0
	(ii)	283,252	0	8,400	14,000	571	306,223	0
9EVELYN ECCLES DIRECTOR OF FINANCE	(i)	179,591	0	0	0	0	179,591	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶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 the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED BRONX PARENTS INC

Employer identification number
13-6203312

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				
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	X	365	915,214	RETAIL
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 IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
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?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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.		

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.

Return Reference	Explanation

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

2019

Open to Public Inspection

Name of the organization
UNITED BRONX PARENTS INC

Employer identification number
13-6203312

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4A	Residential Drug Treatment for Women and their Children. La Casita 1 Inaugurated in 1990 and currently boasting over 20 years of uninterrupted 24-7 operations, La Casita is the Agency's first comprehensive, residential, drug treatment program for homeless women with children. La Casita (The "Little House") is a New York State Office of Alcohol and Substance Abuse ("NYS OASAS") licensed residential drug treatment program for homeless, pregnant or parenting woman with up to three children ranging from infancy to the age of 9. The program offers substance abuse treatment services, culturally-appropriate congregate meals, educational/vocational evaluation and referral services, independent living skills training, parenting training, family counseling, recreational activities, a licensed on-site childcare program, medical and mental health management and a broad range of family-based case management intervention and support. The programs offer one and a half years of intensive treatment in residence and follows a modified therapeutic community model, including gradual progress through a level system in which participants earn privileges and take on increasing responsibility for their recovery, children and future independence. When families complete the residential component of the program,they are assisted in locating permanent housing, including La Casita 2 and La Casita 3: The Mix, reserved for families completing the program. The achievement of "live out status" is followed by a 6 to 9 month aftercare program of counseling and monitoring leading to graduation. Currently La Casita is one of the few therapeutic communities admitting women who are on methadone treatment.La Casita 1 is funded by both NYS OASAS and the U.S. Department of Housing and Urban Development. La Casita 3, located at the Agency's 1006 East 151st Street site is the Agency's second comprehensive, residential drug treatment program for homeless women with children. La Casita 3 is both licensed and funded by NYS OASAS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, Part III, Line 4B	Services for People Living with HIV/AIDS. Casita Esperanza Inaugurated in 1997 with a gran t from The United States Department of Housing and Urban Development's ("HUD") Housing Opp ortunities for People with AIDS("HOPWA") program, Casita Esperanza (the "Little House of H ope") is a transitional housing program for chronically homeless persons with HIV/AIDS who are actively abusing alcohol or other drugs. The program provides both emergency and tran sitional housing for up to 39 single adult men and women. Services include case management , recovery readiness counseling, placement in harm reduction and substance abuse treatment programs, HIV education, survival skills and independent living skills training, health c are education and coordination, recreational activities, hot meals, nutritional counseling , support groups and assistance obtaining primary care, entitlements, ongoing community-ba sed supportive services and placement in permanent housing. Esperanza's primary goals are to stabilize residents' substance abuse and health status and train clients to live indepe ndently, lowering the risk of repeated instances of homelessness once housed independently . Casita peranza, one of NYC's few transitional programs for homeless people living with b oth HIV and substance abuse, is currently a primary referral site for non-profits in Puert o Rico assisting clients who wish to migrate to NYC seeking improved entitlements, drug tr eatment, housing and primary care. Effective January 1, 2014, the Organization began leasi ng this space to an affiliate, Promesa, Inc., who has taken over this program. HIV Case Ma nagement and HIV Prevention Education & Outreach HIV Case Management (Health Home) This pr ogram offers Medicaid-reimbursable, intensive case management services for persons living with HIV/AIDS and their partners and families. Services include an in-depth assessment of each client's needs and assistance in connecting with a range of quality services in the c ommunity, including primary medical care, emergency care, entitlements such as Social Secu rity, food stamps, rental enhanced public assistance or HIV (HASA/AIDS Services Administra tion), a variety of transitional and permanent housing options, mental health services, su bstance abuse counseling and treatment services, permanency planning, other family support services, nutritional services, social; services, intensive HIV treatment educational and both hospital and home visits. HIV Prevention Education & Outreach (MSA) The MSA program is intended to provide HIV outreach and prevention education services as well as outreach and education to the community at large, targeting parents, local youth, injection drug us ers, other alcohol and other drug users, commercial sex workers, the elderly and other hig h risk persons. Participants are provided with a series of eight basic HIV education works hops, which include HIV risk reduction, the importance of early medical intervention, and information regarding how to l

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, Part III, Line 4B	ive longer and healthier with HIV/AIDS. An advanced risk reduction workshop series provide s prevention skills building for persons needing assistance negotiating condom use with se xual partners and learning harm reduction and relapse prevention techniques. Participants receive assistance in obtaining confidential HIV counseling and testing and a variety of p lacements in harm reduction, recovery readiness and substance abuse treatment programs upo n request. The MSA program also provides intensive case management services to HIV positiv e individuals who do not have current Medicaid entitlements or who are not Medicaid eligib le, including recent immigrants and parolees. HIV Related Supportive Services Women's Supp ortive Services (WSS) The WSS program provides a variety of support services for HIV posit ive women and their families, including crisis intervention, hospital visits, various targ eted support groups, recreational activities (including weekly arts and crafts groups, bea uty parlor day, recreational trips, movies and special events), individual supportive cris is intervention counseling and home/hospital visits and assistance with emergencies includ ing homemaker services. Women's sexual partners are also provided services. On a regular b asis, services are also provided on-site by other community-based HIV service organization s, such as workshops on nutrition, permanency planning and partner notification. A light b reakfast and hot lunch are served daily. Additionally, a childcare center is available to provide drop-off childcare for parents who are receiving services. All HIV positive women and their partners/families receiving the Agency HIV case management services are eligible . Referrals from other agencies which do not provide these services are also accepted.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4C	FOOD ASSISTANCE CONGREGATE MEALS THE AGENCY OFFERS CONGREGATE MEALS PROGRAMS AT BOTH ITS DAY CARE CENTER #1 AND CASITA ESPERANZA SERVICE FACILITIES. THE NYS DEPARTMENT OF HEALTH'S FOOD PROGRAM ACTING WITH SUPPORT ACTING WITH SUPPORT FROM CORPORATE DONORS COVERS CONGREGATE BREAKFAST AND LUNCH FOR ALL CHILDREN AT THE AGENCY'S DAY CARE AND CASITA ESPERANZA RESIDENTS. HOMELESS HOT MEALS & EMERGENCY FOOD PANTRY PROGRAMS TO COMBAT HUNGER INCLUDE THE HOMELESS HOT MEALS PROGRAM, WHICH SERVES HOT LUNCHES TO HOMELESS PEOPLE WHO "WEAR THEIR NEED" ON A DAILY BASIS.OUTREACH IS ALSO CONDUCTED BY PEER EDUCATORS FROM THE AGENCY'S PREVENTION PROGRAMS AS A MEANS OF ENGAGING THEM IN OTHER SERVICES OFFERERED BY THE AGENCY, INCLUDING REFERRALS TO SHELTERS, RESIDENTIAL AND OUTPATIENT TREATMENT PROGRAMS, HARM REDUCTION PROGRAMS AND HIV PREVENTION SERVICES. ON A REGULAR BASIS, HIV PREVENTION EDUCATIONAL WORKSHOPS ARE PROVIDED FOR THOSE THAT WISH TO PARTICIPATE IMMEDIATELY BEFORE THE MEAL, A LATE LUNCH, IS SERVED, WHICH CLIENTS REPORT IS OFTEN THE ONLY MEAL THAT THEY CONSUME ON THAT DAY. AN EMERGENCY FOOD PANTRY PROVIDES 50-70 EMERGENCY FOOD PACKAGES FOR INDIVIDUALS, FAMILIES AND THE ELDERLY EACH MONTH. THIRD, THE LINCOLN ACUPUNTURE MEAL TRANSPORT PROGRAM PROVIDES HOT LUNCHES TO PREGNANT WOMEN AND THEIR CHILDREN WHO PARTICIPATE IN THE LINCOLN HOSPITAL ACUPUNCTURE PROGRAM. THE PROGRAM IS FUNDED THROUGH THE NYS DEPARTMENT OF HEALTH'S HPNAP NUTRITION ASSISTANCE PROGRAM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, part III, line 4d	DAY CARE SERVICES: DAY CARE CENTER #1 LICENCED BY THE NYC DEPARTMENT OF HEALTH AND FUNDED BY THE NEW YORK CITY ADMINISTRATION FOR CHILDREN'S SERVICES/AGENCY FOR CHILD DEVELOPMENT ("ACS/ACD"0, THE AGENCY'S DAY CARE CENTER #1 IS A FULLY BILINGUAL DAY CARE PROGRAM OFFERING SERVICES TO 110 CHILDREN. SERVICES ARE FREE OF CHARGE TO FAMILIES ON PUBLIC ASSISTANCE WH ILE WORKING PARENTS MUST PAY A FEE FOR THE SERVICE BASED ON THEIR INCOME IN ACCORDANCE WIT H HRA/ACD REQUIREMENTS. SUPPORTIVE HOUSING: LA CASITA 2 IS A PERMANENT, LOW-INCOME, SUPPOR TIVE PERMANENT HOUSING PROGRAM FOR FORMERLY HOMELESS FAMILIES WHO HAVE COMPLETED LA CASITA 1 or 3 RESIDENTIAL DRUG TREATMENT PROGRAMS. THIS PROGRAM IS FUNDED BY U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT'S SHELTER PLUS CARE PROGRAM, WITH NYS OASAS AS THE PROGRAM S PONSOR. THE PROGRAM OFFERS RENTAL SUBSIDIES TO 12 APARTMENTS, WHICH INCLUDES APARTMENTS FO R LARGE FAMILIES. RESIDENTS ALSO PARTICIPATE IN LA CASITA'S AFTERCARE PROGRAM AND A VARIET Y OF SUPPORTIVE SERVICES AT OBP. CRISIS INTERVENTION, FAMILY CASE MANAGEMENT AND OTHER SUP PORT SERVICES ARE AVAILABLE, ENSURING CONTINUED SOBRIETY, HOUSING STABILITY AND INCREASED INDEPENDENCE FOR ITS RESIDENTS. CASITA 3: THE MIX INAUGURATED IN AUGUST OF 2000, LA CASITA 3 THE MIX PROVIDES 6 ADDITIONAL APARTMENTS OF SUPPORTIVE, PERMANENT, LOW-INCOME HOUSING F OR HOMELESS FAMILIES WHO HAVE GRADUATED FROM OUR LA CASITA TREATMENT PROGRAM. THE PERMANEN T HOUSING COMPONENT OF LA CASITA 3:THE MIX ALLOWED OBP TO EXPAND ITS HOUSING UNITS FROM 12 TO 18 APARTMENTS, THANKS TO GRANTS FROM SAMHSA'S CSAT, NYS OASAS AND NYS HHAP PROGRAMS. M EDICAL SERVICES: LA CASA DE SALUD, THE "LITTLE HOUSE OF HEALTH," IS UBP'S FIRST COMPREHENS IVE MEDICAL SERVICES PROGRAM. LICENSED ONDER ARTICLE 28 OF THE NYS PUBLIC HEALTH LAW, LCDS OFFERS PRIMARY HEALTH CARE TO INSURED COMMUNITY RESIDENTS AS WELL AS THE UNINSURED AND IN DIGENT. THE CLINIC PROVIDES A PLETHORA OF MEDICAL SERVICES AND SUB-SPECIALTIES, INCLUDING ADULT MEDICAL CARE, PEDIATRICS,PSYCHOTHERAPY, PSYCHIATRY, SOCIAL WORK PODIATRY, PHYSICAL T HERAPY,GYNECOLOGY, IMMUNOLOGY, HEPATOLOGY, FAMILY PLANNING, AMONG OTHER SERVICES. LCDS MEE TS A GRAVE COMMUNITY NEED IN THE COMMUNITIES OF THE SOUTH BRONX, WHICH ONLY HAS ONE MAJOR MEDICAL PROVIDER, HHC'S LINCOLN HOSPITAL, TO SERVE THE COMMUNITY'S HEALTH CARE NEEDS. LAST LY, LCDS IS THE ONLY COMMUNITY CLINIC OFFERING PAIN MANAGEMENT, ACUPUNCTURE AND COMPREHENS IVE DENTAL SERVICES AND IS QUICKLY BECOMING A NEIGHBORHOOD MECCA FOR THOSE INFECTED WITH H EPATITIS C, CURRENTLY AN INCREASINGLY DAUNTING NEIGHBORHOOD SCOURGE. LASTLY, LCDS IS THE O NLY COMMUNITY CLINIC OPEN TO THE PUBLIC ON EVENINGS AND WEEKENDS. MENTAL HEALTH AND OUTPAT IENT DRUG TREATMENT MRS. A'S DAY PROGRAM IN EXISTENCE SINCE 1992 AND BOTH LICENSED AND FUN DED BY NYS OASAS, MRS. A'S DAY PROGRAM IS A PART 822 MEDICALLY-SUPERVISED DAY TREATMENT PR OGRAM FOR SUBSTANCE ABUSERS. SERVICES INCLUDE INDIVIDUAL AND GROUP COUNSELING, MEDICAL AND MENTAL HEALTH EVALUATION, EDU

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, part III, line 4d	CATIONAL/VOCATIONAL CONSULING, HIV EDUCATION, FAMILY GROUP COUNSELING, RECREATIONAL/ CULTU RAL ACTIVITIES AND CASE MANAGEMENT SERVICES. THE PROGRAM OFFERS A FLEXIBLE SCHEDULE OF GRO UP AND INDIVIDUAL SERVICES DESIGNED TO MEET INDIVIDUAL NEEDS. THE INTENSIVE PORTION OF THE PROGRAM LASTS FROM 6 TO 9 MONTHS AND IS FOLLOWED BY A 3 TO 6 MONTH PROGRAM OF AFTERCARE C OUNSELING AND MONITORING LEADING TO GRADUATION. FOOD ASSISTANCE: CONGREGATE MEALS UBP OFFE RS CONGREGATE MEALS PROGRAMS AT BOTH ITS DAY CARE CENTER #1 AND CASITA ESPERANZA SERVICE F ACILITIES. THE NYS DEPARTMENT OF HEALTH'S FOOD PROGRAM ACTING WITH SUPPORT FROM CORPORATE DONORS PROGRAM COVERS CONGREGATE BREAKFAST AND LUNCH FOR ALL CHILDREN AT UBP'S DAY CARE CE NTER AND CASITA ESPERANZA RESIDENTS. HOMELESS HOT MEALS & EMERGENCY FOOD PANTRY PROGRAMS T O COMBAT HUNGER INCLUDE THE HOMELESS HOT MEALS PROGRAM, WHICH SERVES HOT LUNCHES TO 225 HO MELESS PEOPLE WHO "WEAR THEIR NEED" ON A DAILY BASIS. OUTREACH IS ALSO CONDUCTED BY PEER E DUCATORS FROM UBP'S PREVENTION PROGRAMS AS A MEANS OF ENGAGING THEM IN OTHER SERVICES OFFE RED BY UBP, INCLUDING REFERRALS TO SHELTERS, RESIDENTIAL AND OUTPATIENT TREATMENT PROGRAMS , HARM REDUCTION PROGRAMS AND HIV PREVENTION SERVICES. ON A REGULAR BASIS,HIV PREVENTION E DUCATIONAL WORKSHOPS ARE PROVIDED FOR THOSE THAT WISH TO PARTICIPATE IMMEDIATELY BEFORE TH E MEAL, A LATE LUNCH, IS SERVED, WHICH CLIENTS REPORT IS OFTEN THE ONLY MEAL THAT THEY CON SUME ON THAT DAY AN EMERGENCY FOOD PANTRY PROVIDES 50-75 EMERGENCY FOOD PACKAGES FOR INDIV IDUALS, FAMILIES AND THE ELDERLY EACH MONTH. THIRD, THE LINCOLN ACUPUNCTURE MEAL TRANSPORT PROGRAM PROVIDES HOT LUNCHES TO PREGNANT WOMEN AND THEIR CHILDREN WHO PARTICIPATE IN THE LINCOLN HOSPITAL ACUPUNCTURE PROGRAM. THE PROGRAM IS FUNDED THROUGH NYS DEPARTMENT OF HEAL TH'S HPNAP NUTRITION ASSISTANCE PROGRAM. DESIGNED TO MEET INDIVIDUAL NEEDS. THE INTENSIVE PORTION OF THE PROGRAM LASTS FROM 6 TO 9 MONTHS AND IS FOLLOWED BY A 3 TO 6 MONTH PROGRAM OF AFTERCARE COUNSELING AND MONITORING LEADING TO GRADUATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, part VI, Section B, Line 12C	CONFLICT OF INTEREST POLICY: CONFLICT OF INTEREST POLICY STATES NO "PRESUMPTION OF GUILT" IS CREATED BY THE MERE EXISTENCE OF A RELATIONSHIP WITH OUTSIDE FIRMS. HOWEVER, IF EMPLOYEES HAVE ANY INFLUENCE ON TRANSATIONS INVOLVING PURCHASES, CONTRACTS, OR LEASES, IT IS IMPERATIVE THAT THEY DISCLOSE TO AN OFFICER AS SOON AS POSSIBLE THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST SO THAT SAFEGUARDS CAN BE ESTABLISHED TO PROTECT ALL PARTIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
form 990, part vi, section c, line 19	GOVERNING DOCUMENTS: THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE GENERAL PUBLIC. THE FINANCIAL STATEMENTS ARE POSTED ON THE INTERNET.

990 Schedule O, Supplemental Information

Return Reference	Explanation
form 990, part vi, section b, line 11b	990 REVIEW: 990 IS REVIEWED BY EXECUTIVE COMMITTEE, THEN SUBMITTED TO BOARD FOR REVIEW AND APPROVAL. EXECUTIVE COMMITTEE CONSIST OF CEO, CFO, AND COO. DIRECTOR OF FINANCE IS PART OF THE MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PursuaNt to the Organization's bylaws, the Organization delegates to its parent entity the hiring of the CEO and President. The compensation of the executives is approved by the Parent entity, who hires a consultant to conduct a study. A standing compensation commitee of the Parent entity reviews a compensation study and votes on how to proceed.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTANT SERVICES TOTAL FEES:740997

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PROFESSIONAL FEES - BAHN TOTAL FEES:385814

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PROFESSIONAL FEES - OTHER TOTAL FEES:154023

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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

2019

Open to Public Inspection

Name of the organization
UNITED BRONX PARENTS INC

Employer identification number
13-6203312

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.

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity? No

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.

See Additional Data Table

(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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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.

See Additional Data Table

(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	(i) Section 512(b)(13) controlled entity? No

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

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

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

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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-6203312
Name: UNITED BRONX PARENTS INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
300 E 175th Street Bronx, NY 10457 20-8317595	Housing	NY	501(c)(4)	N/A	Acacia		No
300 E 175th Street Bronx, NY 10457 13-3391215	Housing	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 81-0941278	Development	NY	501(c)(3)	10	Acacia		No
300 E 175th Street Bronx, NY 10457 26-0076866	Housing	NY	501(c)(3)	10	Acacia		No
300 E 175th Street Bronx, NY 10457 82-3595330	Development	NY	501(c)(3)	10	Acacia		No
300 E 175th Street Bronx, NY 10457 13-3927797	Community Ser	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 82-2853993	Humanitarian	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 13-3244626	Social Servic	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 22-3035890	Real Estate	NY	501(c)(3)	10	Acacia		No
300 E 175th Street Bronx, NY 10457 45-3647494	Social Servic	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 13-3266145	Social Servic	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 13-3072640	Youth Service	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 13-3263548	Real Estate	NY	501(c)(3)	10	Acacia		No
300 E 175th Street Bronx, NY 10457 13-2969933	Social Servic	NY	501(c)(3)	10	Acacia		No
300 E 175th Street Bronx, NY 10457 27-4279228	Housing	NY	501(c)(3)	10	Acacia		No
300 E 175th Street Bronx, NY 10457 27-4279072	Housing	NY	501(c)(3)	10	Acacia		No
300 E 175th Street Bronx, NY 10457 13-3540837	Housing	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 06-1179595	Social Servic	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 13-3333051	Social Servic	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 26-1827054	Housing	NY	501(c)(3)	10	Acacia		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
300 E 175th Street Bronx, NY 10457 13-2813350	Social Servic	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 13-2985574	Real Estate	NY	501(c)(3)	10	Acacia		No
300 E 175th Street Bronx, NY 10457 16-1243094	Social Servic	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 13-2987263	Senior Servic	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 02-0693325	Health Svcs	NY	501(c)(3)	10	Acacia		No
300 E 175th Street Bronx, NY 10457 45-7997184	Social Servic	NY	501(c)(3)	10	Acacia		No
300 E 175th Street Bronx, NY 10457 13-3023183	Community Svc	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 13-3653276	Management	NY	501(c)(3)	12	Acacia		No
300 E 175th Street Bronx, NY 10457 13-3676681	Nursing Home	NY	501(c)(3)	10	Acacia		No
300 E 175th Street Bronx, NY 10457 13-2850133	Housing	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 16-1023352	Community Ser	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 13-2875743	Social Servic	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 81-0623501	Fundraising	NY	501(c)(3)	7	Acacia		No
300 E 175th Street Bronx, NY 10457 13-3608906	Housing	NY	501(c)(3)	10	Acacia		No
300 E 175th Street Bronx, NY 10457 13-2663328	Social Servic	NY	501(c)(3)	10	Acacia		No
300 E 175th Street Bronx, NY 10457 46-3830943	Housing	NY	501(c)(3)	10	SBCMC		No
300 E 175th Street Bronx, NY 10457 81-1573115	Housing	NY	501 (C)(3)	10	SBCMC		No
300 E 175th Street Bronx, NY 10457 45-3931968	Housing	NY	501(c)(3)	10	SBCMC		No
300 E 175th Street Bronx, NY 10457 45-3932032	Housing	NY	501(c)(3)	10	SBCMC		No
300 E 175th Street Bronx, NY 10457 56-2373229	Housing	NY	501(c)(3)	10	SBCMC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
300 E 175th Street Bronx, NY 10457 13-3805150	Housing	NY	501(c)(3)	10	SBCMC		No
300 E 175th Street Bronx, NY 10457 47-5653309	Housing	NY	501(c)(3)	10	Promesa HDFC		No
300 E 175th Street Bronx, NY 10457 32-2217515	Development	NY	501(c)(3)	10	Promesa HDFC		No
300 E 175th Street Bronx, NY 10457 82-5044576	Housing	NY	501(c)(3)	10	Promesa HDFC		No
300 E 175th Street Bronx, NY 10457 46-4966129	Housing	NY	501(c)(3)	10	Promesa		No
300 E 175th Street Bronx, NY 10457 83-1897415	Housing	NY	501(c)(3)	10	ARED INC		No
300 E 175th Street Bronx, NY 10457 61-1926612	Housing	NY	501(c)(3)	10	ARED INC		No
300 E 175th Street Bronx, NY 10457 13-4146104	Senior Servic	NY	501(c)(3)	10	Hunts Point		No
300 E 175th Street Bronx, NY 10457 13-3870544	Social Servic	NY	501(c)(3)	7	NA		No
300 E 175th Street Bronx, NY 10457 13-2612532	Social Servic	NY	501(c)(3)	7	NA		No
300 E 175th Street Bronx, NY 10457 13-3621434	Social Servic	NY	501(c)(3)	7	NA		No
300 E 175th Street Bronx, NY 10457 13-3192496	Housing	NY	501(c)(3)	10	NA		No
300 E 175th Street Bronx, NY 10457 13-3989960	Housing	NY	501(c)(3)	10	NA		No
300 E 175th Street Bronx, NY 10457 13-3644188	Housing	NY	501(c)(3)	N/A	NA		No
300 E 175th Street Bronx, NY 10457 26-4548133	Housing	NY	501(c)(3)	12	ACDP		No
300 E 175th Street Bronx, NY 10457 82-2957270	Housing	NY	501(C)(3)	10	Promesa HDFC		No
300 E 175th Street Bronx, NY 10457 13-3411787	ADMIN	NY	501(c)(3)	12(a)	ACACIA		No
300 E 175th Street Bronx, NY 10457 11-2140888	SOCIAL SERVIC	NY	501(c)(3)		ACACIA		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	
Promesa Apartments Limited Partnership 300 E 175th Street Bronx, NY 10457 20-8678373	Housing	NY	Promesa HDFC					No			No	
Bella Vista LP 300 E 175th Street Bronx, NY 10457 34-1979317	Housing	NY	Bella Vista HC					No			No	
Acacia Gardens Development LLC 300 E 175th Street Bronx, NY 10457 47-3860202	Development	NY	Acacia Gardens					No			No	
Acacia Gardens Affordable LLC 300 E 175th Street Bronx, NY 10457 47-5661538	Housing	NY	Acacia Gardens					No			No	
Crotona Park Residences LLC 300 E 175th Street Bronx, NY 10457 46-1349705	Housing	NY	Crotona Park					No			No	
Melrose Estates Housing LP 300 E 175th Street Bronx, NY 10457 13-4006719	Housing	NY	Melrose Ct HC					No			No	
Palacio Dorado LLC 300 E 175th Street Bronx, NY 10457 46-4943810	Housing	NY	Palacio Dorado					No			No	
West Tremont Residences LLC 300 E 175th Street Bronx, NY 10457 45-1142893	Housing	NY	West Tremont					No			No	
Maria Isabel LP 300 E 175th Street Bronx, NY 10457 47-1379298	Housing	NY	Maria Isabel					No			No	
Maria Isabel Members LLC 300 E 175th Street Bronx, NY 10457 47-1368298	Housing	NY	Acacia Mar Is					No			No	
Promesa Court Limited Partnership 300 E 175th Street Bronx, NY 10457 26-3478423	Housing	NY	Promesa Court					No			No	
Promesa Court Residences Limited Partner 300 E 175th Street Bronx, NY 10457 45-5466989	Housing	NY	Promesa Court					No			No	
Urban Renaissance Collaboration Limited 300 E 175th Street Bronx, NY 10457 11-3665575	Housing	NY	URC inc					No			No	
Virginia House Residences LLC 300 E 175th Street Bronx, NY 10457 82-3877571	Housing	NY	VA House Mgrs					No			No	
245 E Mosholu Apts LLC 300 E 175th Street Bronx, NY 10457 27-2032348	Housing	NY	245 E Mosholu					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	
980 Prospect LLC 300 E 175th Street Bronx, NY 10457 81-3798935	Real Estate	NY	Promesa Enterp					No			No	
Audubon Pharmacy LLC 300 E 175th Street Bronx, NY 10457 83-0662125	Retail Pharma	NY	Promesa Enterp					No			No	
Casa Acacia LLC 300 E 175th Street Bronx, NY 10457 81-3999419	Real Estate	NY	Promesa Enterp					No			No	
Distinctive Maintenance Partners LLC 300 E 175th Street Bronx, NY 10457 82-3300303	Maintenance	NY	Promesa Enterp					No			No	
Sera Security Services LLC 2804 Third Avenue Bronx, NY 10455 45-2970254	Security	NY	Promesa Enterp					No			No	
1675 JV Associates LLC 300 E 175th Street Bronx, NY 10457 47-5230890	Housing	NY	Promesa HDFC					No			No	
La Plaza del Barrio LLC 300 E 175th Street Bronx, NY 10457	Housing	NY	ARED inc					No			No	
SV-B Partners LLC 300 E 175th Street Bronx, NY 10457	Housing	NY	La Plaza de Bar					No			No	
Hope Gardens I PA LLC 300 E 175th Street Bronx, NY 10457	Housing	NY	Acacia Brooklyn					No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Promesa Court Estates Inc 300 E 175th Street Bronx, NY 10457 26-3478373	GP Housing	NY	Acacia Network	C					No
Bella Vista Housing Company Inc 300 E 175th Street Bronx, NY 10457 56-2313779	GP Housing	NY	SBCMC	C					No
Bronx Investors Holding Company Inc 300 E 175th Street Bronx, NY 10457 13-3266738	Investing Hou	NY	SBCMC	C					No
El Batey Housing Company Inc 300 E 175th Street Bronx, NY 10457 13-3855121	GP Housing	NY	SBCMC	C					No
Melrose Court Housing Company Inc 300 E 175th Street Bronx, NY 10457 13-3986660	GP Housing	NY	SBCMC	C					No
Urban Renaissance Collaboration Inc 300 E 175th Street Bronx, NY 10457 06-1669310	GP Housing	NY	Promesa HDFC	C					No
Acacia Maria Isabel Inc 300 E 175th Street Bronx, NY 10457 47-1978900	GP Housing	NY	Promesa HDFC	C					No
Crotona Park Managers Inc 300 E 175th Street Bronx, NY 10457 46-1343088	GP Housing	NY	Promesa HDFC	C					No
Virginia House Managers Inc 300 E 175th Street Bronx, NY 10457 82-3872584	GP Housing	NY	Promesa HDFC	C					No
Don Pancho Development Corporation 300 E 175th Street Bronx, NY 10457 06-1131835	Maintenance	NY	Bronx Investors	C					No
ACD Affordable Corporation 300 E 175th Street Bronx, NY 10457 47-5661682	Housing	NY	Acacia Gardens	C					No
Acacia Gardens GP Inc 300 E 175th Street Bronx, NY 10457 47-3923905	Housing	NY	Acacia Gardens	C					No
517 W 173rd Street HDFC 300 E 175th Street Bronx, NY 10457 20-2325939	Housing	NY	ACDP	C					No
Palacio Dorado Development Inc 300 E 175th Street Bronx, NY 10457 46-4953779	Housing	NY	Acacia PR INC	C					No
245 E Mosholu Inc 300 E 175th Street Bronx, NY 10457 27-2302190	GP Housing	NY	245 E Mosholu	C					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
3196 3rd Ave Corp 300 E 175th Street Bronx, NY 10457 13-3022624	Real Estate	NY	Don Pancho	C					No
Promesa Enterprises Ltd 300 E 175th Street Bronx, NY 10457 13-3819522	Investment Mg	NY	Acacia NETWORK	C					No
454 W 146th Street HDFC 300 E 175th Street Bronx, NY 10457 20-4498425	Housing	NY	ACDP	C					No
471 W 145th Street HDFC 300 E 175th Street Bronx, NY 10457 40-4498311	Housing	NY	ACDP	C					No
Five Fifteen West Inc 300 E 175th Street Bronx, NY 10457 99-9999999	Housing	NY	ACDP	C					No
One Seventy Four Inc 300 E 175th Street Bronx, NY 10457 99-9999999	Housing	NY	ACDP	C					No
1675 Westchester Avenue Inc 300 E 175th Street Bronx, NY 10457 99-9999999	Housing	NY	Promesa HDFC	C					No
Acacia Brooklyn Corp 300 E 175th Street Bronx, NY 10457 99-9999999	Housing	NY	Acacia Real Est	C					No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
LA CASA DE SALUD INC	D	1,126,788	
PROMESA INC	D	357,106	
PROMESA foundation	D	1,334,775	
GREEN HOPE SERVICES FOR WOMEN INC	D	1,301,545	
EL REGRESSO	D	212,959	
PASO	E	21,360	
PASO	D	550,406	