

EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FIFTH AVENUE COMMITTEE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 621 DEGRAW STREET City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11217 F Name and address of principal officer: MICHELLE DE LA UZ SAME AS C ABOVE	D Employer identification number 11-2475743 E Telephone number 718-237-2017 G Gross receipts \$ 9,145,509. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FIFTHAVE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1978 M State of legal domicile: NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: FIFTH AVENUE COMMITTEE IS A COMMUNITY ORGANIZATION IN SOUTH BROOKLYN THAT ADVANCES ECONOMIC AND		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	103
6	Total number of volunteers (estimate if necessary)	6	27
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,869,633.	Current Year 5,180,179.
9	Program service revenue (Part VIII, line 2g)	2,712,888.	3,271,364.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,039.	30.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	338,154.	372,428.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,933,714.	8,824,001.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	300,010.	390,915.
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)	5,262,093.	5,368,638.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	6,765.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 309,583.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,560,220.	1,955,759.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,122,323.	7,722,077.
19	Revenue less expenses. Subtract line 18 from line 12	811,391.	1,101,924.
20	Total assets (Part X, line 16)	Beginning of Current Year 7,015,493.	End of Year 8,481,481.
21	Total liabilities (Part X, line 26)	2,636,274.	3,000,338.
22	Net assets or fund balances. Subtract line 21 from line 20	4,379,219.	5,481,143.

Part II Signature Block

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

Sign Here	Signature of officer MICHELLE DE LA UZ, EXECUTIVE DIRECTOR Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name EVA MRUK	Preparer's signature EVA MRUK	Date 05/08/23	Check if self-employed <input type="checkbox"/>	PTIN P00543254
	Firm's name ▶ PKF O'CONNOR DAVIES ADVISORY, LLC	Firm's EIN ▶ 87-3231666			
	Firm's address ▶ 500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633	Phone no. 914-381-8900			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,300,770. including grants of \$ 390,915.) (Revenue \$ 2,719,160.) AFFORDABLE HOUSING AND COMMUNITY FACILITIES DEVELOPMENT:

FAC HAS DEVELOPER OVER 1,300 AFFORDABLE HOMES, REVITALIZED MORE THAN 30 STOREFRONTS, AND BUILT OVER 60,000 SQUARE FEET OF COMMUNITY SPACE. FAC CURRENTLY HAS 133 UNITS OF NEW AFFORDABLE HOUSING IN CONSTRUCTION AND A DEVELOPMENT PIPELINE OF OVER 1,700 UNITS REPRESENTING AN INVESTMENT OF MORE THAN \$850 MILLION IN BROOKLYN. ALL FAC'S NEW DEVELOPMENTS ARE DESIGNED TO LEED, PASSIVE HOUSE OR ENTERPRISE GREEN COMMUNITY STANDARDS. FAC OWNS AND/OR MANAGES 657 UNITS THAT ARE HOME TO OVER 850 LOW AND MODERATE INCOME FAMILIES AND HAS 32 SMALL BUSINESS AND NONPROFIT TENANTS. OVER 85% OF FAC'S COMMERCIAL TENANTS ARE MWBES.

4b (Code:) (Expenses \$ 1,456,496. including grants of \$ 0.) (Revenue \$ 0.) ADULT EDUCATION:

OFFERING A RANGE OF CLASSES, INCLUDING ENGLISH FOR SPEAKERS OF OTHER LANGUAGES ("ESOL"), ADULT BASIC EDUCATION (ABE), HIGH SCHOOL EQUIVALENCY (HSE), FAMILY LITERACY CLASSES AND BRIDGE PROGRAMMING AT LOCAL PUBLIC SCHOOLS AND CHURCHES, THIS PROGRAM SERVED OVER 350 STUDENTS IN FY22. PER THE NYS DEPARTMENT OF EDUCATION, THE PROGRAM PERFORMS IN THE TOP QUARTILE OF ADULT EDUCATION PROGRAMS STATE-WIDE. THE NEW AMERICAN BRIDGE PROGRAM SERVED 81 IMMIGRANT STUDENTS WITH BARRIERS TO EMPLOYMENT IN FY22, 70 OF WHOM HAVE SUCCESSFULLY SECURED LIVING WAGE EMPLOYMENT THROUGH THE PROGRAM AS OF 6/30/22. THE BRIDGE PROGRAM IS A PARTNERSHIP WITH FAC NONPROFIT WORKFORCE DEVELOPMENT

4c (Code:) (Expenses \$ 737,518. including grants of \$ 0.) (Revenue \$ 0.) ORGANIZING AND ADVOCACY:

FAC'S ORGANIZING AND ADVOCACY PROGRAMS EMPOWER LOW-INCOME RESIDENTS THROUGH SOCIAL JUSTICE AND TENANT RIGHTS CAMPAIGNS. IN FY22, THESE PROGRAMS HELPED PREVENT OVER 200 EVICTIONS. CAMPAIGNS EMPOWER TRADITIONALLY MARGINALIZED GROUPS, SUCH AS RENT STABILIZED AND PUBLIC HOUSING RESIDENTS, AND IMMIGRANTS. IN FY22 FAC CONTINUED ITS LEADERSHIP OF TURNING THE TIDE, CLIMATE JUSTICE CAMPAIGN WITH LOCAL PARTNERS AS WELL AS THE GOWANUS NEIGHBORHOOD COALITION FOR JUSTICE (GNCJ). GNCJ IS A BROAD-BASED COALITION THAT ADVOCATES FOR EQUITABLE DEVELOPMENT AND REZONING OUTCOMES THAT SECURED SIGNIFICANT WINS IN FY22 THROUGH THE POINTS OF AGREEMENT (POA) AS PART OF THE GOWANUS AREA-WIDE REZONING'S

4d Other program services (Describe on Schedule O.)

(Expenses \$ 765,044. including grants of \$ 0.) (Revenue \$ 552,204.)

4e Total program service expenses 6,259,828.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 14		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ROY NIELSEN - 718-237-2017**
621 DEGRAW STREET, BROOKLYN, NY 11217

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AARON SHIFFMAN EXECUTIVE DIRECTOR OF LEAP	3.50 31.50					X	0.	188,090.	69,627.	
(2) MICHELLE DE LA UZ EXECUTIVE DIRECTOR	30.00 5.00			X			212,933.	0.	5,462.	
(3) ROY NIELSEN DIRECTOR OF FINANCE & IT	34.50 0.50			X			158,323.	0.	20,404.	
(4) WILLIAM YATES DIR. OF HOUSING DEVELOPMENT	34.50 0.50					X	121,658.	0.	45,525.	
(5) JAY A. MARCUS DIRECTOR OF REAL ESTATE	34.50 0.50					X	125,280.	0.	25,773.	
(6) EMILY BLANK DIR. OF EXTERNAL AFFAIRS & STRATEGY	34.50 0.50					X	110,124.	0.	37,461.	
(7) ZULLY ROLAN DIR. OF ASSET & PROP. MGMT	34.50 0.50					X	101,437.	0.	22,165.	
(8) MELANNIE ASH CO-CHAIR	2.00	X		X			0.	0.	0.	
(9) PRISTINE JOHANNESSEN CO-CHAIR	2.00	X		X			0.	0.	0.	
(10) JESSICA A. YAGER SECRETARY	2.00	X		X			0.	0.	0.	
(11) JUAN BARAHONA TREASURER	2.00	X		X			0.	0.	0.	
(12) PATRICIA CONWAY BOARD MEMBER	2.00	X					0.	0.	0.	
(13) DANY CUNNINGHAM BOARD MEMBER	2.00	X					0.	0.	0.	
(14) VINCENT DECESARE BOARD MEMBER	2.00	X					0.	0.	0.	
(15) KATE GILMORE BOARD MEMBER	2.00	X					0.	0.	0.	
(16) CAROLINA GONZALEZ BOARD MEMBER	2.00	X					0.	0.	0.	
(17) CHARMAINE MARIZAN BOARD MEMBER	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ERIK PAULINO BOARD MEMBER	2.00	X					0.	0.	0.	
(19) JULIO PENA III BOARD MEMBER	2.00	X					0.	0.	0.	
(20) MARIADELE PRIEST BOARD MEMBER	2.00	X					0.	0.	0.	
(21) CATHERINE ZINNEL BOARD MEMBER	2.00	X					0.	0.	0.	
1b Subtotal							829,755.	188,090.	226,417.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							829,755.	188,090.	226,417.	

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 **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GALAXY GROUP LLC 165 BROADWAY, NEW YORK, NY 10006	FACILITIES MANAGEMENT	415,999.
PEOPLES COMPUTER SERVICES INC 1655 FLATBUSH AVE, BROOKLYN, NY 11210	INFORMATION TECHNOLOGY	177,810.

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 **2**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	1 b	Membership dues					
	1 c	Fundraising events	143,655.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	2,183,509.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	2,853,015.				
	1 g	Noncash contributions included in lines 1a-1f	\$				
	1 h	Total. Add lines 1a-1f	5,180,179.				
	Program Service Revenue	2 a	MANAGEMENT FEE	531110 1,592,063.	1,592,063.		
2 b		DEVELOP. & MARKET FEES	531390 978,513.	978,513.			
2 c		SUBCONTRACT INCOME	541200 552,204.	552,204.			
2 d		PROGRAM RENTAL	532000 148,584.	148,584.			
2 e							
2 f		All other program service revenue					
2 g		Total. Add lines 2a-2f	3,271,364.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	30.			30.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	628,947.			
			(ii) Personal				
			6 b	Less: rental expenses	257,353.		
	6 c	Rental income or (loss)	371,594.				
	6 d	Net rental income or (loss)	371,594.			371,594.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7 b	Less: cost or other basis and sales expenses			
	7 c	Gain or (loss)					
	7 d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ 143,655. of contributions reported on line 1c). See Part IV, line 18		36,135.				
		8 b	Less: direct expenses	64,155.			
		8 c	Net income or (loss) from fundraising events	-28,020.			-28,020.
9 a	Gross income from gaming activities. See Part IV, line 19						
		9 b	Less: direct expenses				
		9 c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances						
		10 b	Less: cost of goods sold				
		10 c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	900099 28,854.			28,854.	
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d	28,854.				
12	Total revenue. See instructions	8,824,001.	3,271,364.	0.	372,458.		

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	390,915.	390,915.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	430,951.	398,044.	13,017.	19,890.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,646,860.	3,368,396.	110,151.	168,313.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	118,478.	95,821.	15,985.	6,672.
9 Other employee benefits	770,903.	634,159.	94,278.	42,466.
10 Payroll taxes	401,446.	330,942.	48,451.	22,053.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	55,442.		55,442.	
d Lobbying	18,000.	18,000.		
e Professional fundraising services. See Part IV, line 17	6,765.			6,765.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	709,687.	185,075.	515,011.	9,601.
12 Advertising and promotion	55,147.	52,004.	2,534.	609.
13 Office expenses	200,335.	90,337.	106,679.	3,319.
14 Information technology	10,464.	6,364.	4,100.	
15 Royalties				
16 Occupancy	577,141.	454,303.	99,033.	23,805.
17 Travel	22,780.	11,029.	11,554.	197.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,577.	18,874.	2,126.	577.
20 Interest	3,876.	3,732.	116.	28.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,953.	32,338.	5,333.	1,282.
23 Insurance	46,730.	38,961.	6,263.	1,506.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	101,652.	99,652.		2,000.
b MAINTENANCE & REPAIR	74,212.	12,814.	61,398.	
c PROGRAM EXPENSES	17,536.	15,841.	1,195.	500.
d STAFF DEVELOPMENT	2,227.	2,227.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,722,077.	6,259,828.	1,152,666.	309,583.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,249,095.	1	1,870,464.
	2 Savings and temporary cash investments	77,066.	2	77,066.
	3 Pledges and grants receivable, net	1,202,530.	3	1,700,448.
	4 Accounts receivable, net	520,459.	4	607,675.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	25,210.	9	13,078.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 867,035.		
	b Less: accumulated depreciation	10b 583,480.	307,705.	10c 283,555.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,633,428.	15	3,929,195.
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,015,493.	16	8,481,481.	
Liabilities	17 Accounts payable and accrued expenses	598,325.	17	831,701.
	18 Grants payable	35,849.	18	139,604.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	76,980.	21	76,980.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	905,329.	23	957,262.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,019,791.	25	994,791.
	26 Total liabilities. Add lines 17 through 25	2,636,274.	26	3,000,338.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,129,006.	27	5,128,696.
	28 Net assets with donor restrictions	250,213.	28	352,447.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,379,219.	32	5,481,143.
33 Total liabilities and net assets/fund balances	7,015,493.	33	8,481,481.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,824,001.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,722,077.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,101,924.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,379,219.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,481,143.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **FIFTH AVENUE COMMITTEE, INC.** Employer identification number **11-2475743**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3657374.	3629470.	3827090.	4869633.	5180179.	21163746.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3657374.	3629470.	3827090.	4869633.	5180179.	21163746.
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)						494,989.
6 Public support. Subtract line 5 from line 4.						20668757.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	3657374.	3629470.	3827090.	4869633.	5180179.	21163746.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	494,257.	511,279.	637,895.	619,742.	628,977.	2892150.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,644.	11,724.	25,797.	27,923.	28,854.	110,942.
11 Total support. Add lines 7 through 10						24166838.
12 Gross receipts from related activities, etc. (see instructions)					12	14,770,413.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	85.53 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	85.80 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

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

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

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

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

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

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

Schedule A (Form 990) 2021

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

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

MISCELLANEOUS INCOME

2017 AMOUNT: \$ 16,644.

2018 AMOUNT: \$ 11,724.

2019 AMOUNT: \$ 25,797.

2020 AMOUNT: \$ 27,923.

2021 AMOUNT: \$ 28,854.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization: FIFTH AVENUE COMMITTEE, INC.
Employer identification number: 11-2475743

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2021

LHA

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	18,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	18,000.													
d	Other exempt purpose expenditures	7,394,495.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	7,412,495.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	520,625.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	130,156.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	432,668.	483,407.	489,279.	520,625.	1,925,979.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,888,969.
c Total lobbying expenditures	18,000.	15,050.	25,981.	18,000.	77,031.
d Grassroots nontaxable amount	108,167.	120,852.	122,320.	130,156.	481,495.
e Grassroots ceiling amount (150% of line 2d, column (e))					722,243.
f Grassroots lobbying expenditures	0.	0.	4,981.	0.	4,981.

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization FIFTH AVENUE COMMITTEE, INC. **Employer identification number** 11-2475743

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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		128,520.		128,520.
b Buildings		291,480.	196,875.	94,605.
c Leasehold improvements		98,935.	98,935.	0.
d Equipment		348,100.	287,670.	60,430.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				283,555.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ADVANCES TO UNCONSOLIDATED AFFILIATED COMPANIES	3,173,395.
(2) SECURITY DEPOSIT	10,800.
(3) MORTGAGE RECEIVABLE	745,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,929,195.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) IDA FUND LIABILITY	98,541.
(3) REFUNDABLE GRANTS PAYABLE	896,250.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	994,791.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	20,850,003.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	14,883,947.
e	Add lines 2a through 2d	2e	14,883,947.
3	Subtract line 2e from line 1	3	5,966,056.
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	2,857,945.
c	Add lines 4a and 4b	4c	2,857,945.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,824,001.

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	19,814,180.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	14,950,048.
e	Add lines 2a through 2d	2e	14,950,048.
3	Subtract line 2e from line 1	3	4,864,132.
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	2,857,945.
c	Add lines 4a and 4b	4c	2,857,945.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,722,077.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE ORGANIZATION'S HOUSING AND COMMUNITY FACILITY RELATED ENTITIES, HOLD SECURITY DEPOSITS FROM TENANTS IN AN ESCROW ACCOUNT. THESE DEPOSITS ARE RETURNED ONCE THEY MOVE OUT OF THE UNIT AS PER LEASE TERMS AND RELEVANT LAW.

PART X, LINE 2:

THE CORPORATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE CORPORATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE CORPORATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS

Part XIII Supplemental Information (continued)

FOR PERIODS PRIOR TO JUNE 30, 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EVENT EXPENSES REPORTED ON PART VIII, LINE 8B	64,155.
RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B	257,353.
REVENUE ATTRIBUTABLE TO SUBSIDIARIES	14,562,439.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	14,883,947.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ELIMINATION FROM CONSOLIDATING FINANCIAL STATEMENTS	2,857,945.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

EVENT EXPENSES REPORTED ON PART VIII, LINE 8B	64,155.
RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B	257,353.
EXPENSES ATTRIBUTABLE TO SUBSIDIARIES	14,628,540.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	14,950,048.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ELIMINATION FROM CONSOLIDATING FINANCIAL STATEMENTS	2,857,945.
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**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

FIFTH AVENUE COMMITTEE, INC.

Employer identification number

11-2475743

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FAC BENEFIT & AWARDS (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	179,790.			179,790.
	2 Less: Contributions	143,655.			143,655.
	3 Gross income (line 1 minus line 2)	36,135.			36,135.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,800.			4,800.
	7 Food and beverages	20,416.			20,416.
	8 Entertainment	2,000.			2,000.
	9 Other direct expenses	36,939.			36,939.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				64,155.
11 Net income summary. Subtract line 10 from line 3, column (d)				-28,020.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **FIFTH AVENUE COMMITTEE, INC.** Employer identification number **11-2475743**

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FAC RENAISSANCE HDFC 621 DEGRAW STREET BROOKLYN, NY 11217	81-1004692	501(C)(4)	150,000.	0.			GENERAL OPERATING SUPPORT
NEIGHBORS HELPING NEIGHBORS 621 DEGRAW STREET BROOKLYN, NY 11217	11-3059958	501(C)(3)	123,415.	0.			GENERAL OPERATING SUPPORT
SUNKEEPER SOLAR LLC 639 MARLBOROUGH ROAD BROOKLYN, NY 11230	84-3059849		42,500.	0.			GENERAL OPERATING SUPPORT
LEAP INC. 621 DEGRAW STREET BROOKLYN, NY 11217	11-3111694	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
FAC ADVANCE HDFC 621 DEGRAW STREET BROOKLYN, NY 11217	26-4642733	501(C)(4)	25,000.	0.			GENERAL OPERATING SUPPORT
FAC HOMEOWNERSHIP HDFC 621 DEGRAW STREET BROOKLYN, NY 11217	11-3440267	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT

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

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

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

Schedule I (Form 990) 2021

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

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

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

PART I, LINE 2:

FAC PERIODICALLY DISTRIBUTES GRANTS TO BOTH AFFILIATE ORGANIZATIONS AS WELL AS OTHER 501(C)(3) ORGANIZATIONS. GRANTS ARE USUALLY DISTRIBUTED IN A MANNER WHERE FAC IS THE LEAD ORGANIZATION FOR THE GRANT FUNDS AND SUBCONTRACTS OUT SOME OF THE WORK TO OTHERS. FAC PERIODICALLY REQUIRES REPORTING FROM THE SUBCONTRACTORS ON HOW THEY SPEND THE FUNDS AND MAKES SURE THAT THE FUNDS ARE BEING SPENT IN ACCORDANCE WITH THE GRANT GUIDELINES AND BUDGET.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **FIFTH AVENUE COMMITTEE, INC.** Employer identification number: **11-2475743**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes 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** Yes No
- b** Any related organization? **6b** Yes 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 on lines 5 and 6? If "Yes," describe in Part III

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

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

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AARON SHIFFMAN EXECUTIVE DIRECTOR OF LEAP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	188,090.	0.	0.	8,783.	60,844.	257,717.	0.
(2) MICHELLE DE LA UZ EXECUTIVE DIRECTOR	(i)	209,933.	0.	3,000.	5,077.	385.	218,395.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROY NIELSEN DIRECTOR OF FINANCE & IT	(i)	158,323.	0.	0.	3,855.	16,549.	178,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WILLIAM YATES DIR. OF HOUSING DEVELOPMENT	(i)	121,658.	0.	0.	0.	45,525.	167,183.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAY A. MARCUS DIRECTOR OF REAL ESTATE	(i)	125,280.	0.	0.	3,337.	22,436.	151,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 7:

EMPLOYEES LISTED IN PART VII RECEIVED BOARD DESIGNATED DISCRETIONARY

BONUSES IN THEIR 2021 W-2S.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

FIFTH AVENUE COMMITTEE, INC.

Employer identification number

11-2475743

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

SOCIAL JUSTICE WHERE RESIDENTS HAVE GENUINE OPPORTUNITIES TO ACHIEVE
THEIR GOALS, AS WELL AS THE POWER TO SHAPE THE COMMUNITY'S FUTURE.

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

FIFTH AVENUE COMMITTEE, INC. (FAC) IS A COMPREHENSIVE COMMUNITY
DEVELOPMENT CORPORATION AND CHARTERED MEMBER OF THE NEIGHBORWORKS
AMERICA NETWORK. FOUNDED IN 1978, FAC'S MISSION IS TO ADVANCE ECONOMIC,
SOCIAL, AND RACIAL JUSTICE. FAC STRIVES TO MAKE OUR COMMUNITIES MORE
EQUITABLE, SUSTAINABLE, INCLUSIVE AND JUST SO THAT ALL CAN LIVE AND
WORK WITH DIGNITY AND RESPECT. TO ACHIEVE ITS MISSION, FAC DEVELOPS AND
MANAGES AFFORDABLE HOUSING AND COMMUNITY FACILITIES; CREATES ECONOMIC
OPPORTUNITIES FOR LOW AND MODERATE INCOME NEW YORKERS, AND ENSURES
ACCESS TO ECONOMIC STABILITY THROUGH WORKFORCE TRAINING AND JOB
PLACEMENT ASSISTANCE; CONNECTS NEEDY FAMILIES WITH PUBLIC BENEFITS, TAX
PREPARATION ASSISTANCE AND LEGAL, FINANCIAL AND CREDIT COUNSELING;
PROVIDES STUDENT-CENTERED ADULT EDUCATION AND LITERACY CLASSES;
ORGANIZES COMMUNITY MEMBERS, PUBLIC HOUSING RESIDENTS, IMMIGRANTS AND
YOUTH; AND COMBATS DISPLACEMENT CAUSED BY GENTRIFICATION. TOGETHER,
FAC'S PROGRAMS DIRECTLY IMPACT THE LIVES OF 5,500 LOW AND MODERATE
INCOME NEW YORKERS ANNUALLY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AFFILIATE, BROOKLYN WORKFORCE INNOVATIONS (BWI)'S RED HOOK ON THE ROAD
CDL PROGRAM AND BROOKLYN NETWORKS TELE-DATA CABLE INSTALLATION

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

Schedule O (Form 990) 2021

Name of the organization FIFTH AVENUE COMMITTEE, INC.	Employer identification number 11-2475743
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PROGRAMS. ADULT EDUCATION ALSO EXPANDED ITS DIGITAL LITERACY INSTRUCTION IN FY22, HELPING TO SAFELY AND SECURELY CONNECT MORE STUDENTS TO ONLINE TOOLS, RESOURCES AND KNOWLEDGE. ACROSS ALL ADULT EDUCATION'S PROGRAMS IN FY22, 194 STUDENTS SECURED AN INDUSTRY CREDENTIAL TO HELP THEM REACH THEIR EDUCATIONAL AND PROFESSIONAL GOALS; 247 MADE DEMONSTRATED EDUCATIONAL GAINS. FAC ADULT ED ALSO LAUNCHED AN ONLINE BANKING COURSE IN FY22 THAT SERVED 57 STUDENTS. PARTICIPANTS RECEIVED TAILORED DIGITAL LITERACY TRAINING DESIGNED TO HELP THEM TAKE ADVANTAGE OF ONLINE BANKING TOOLS TO MANAGE THEIR FINANCES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PASSAGE INCLUDING OVER \$200 MILLION COMMITTED BY THE CITY OF NEW YORK TO ADDRESS CAPITAL NEEDS AT LOCAL PUBLIC HOUSING DEVELOPMENTS IN ADDITION TO INVESTMENT IN LOCAL SEWAGE INFRASTRUCTURE AND TO PARTICIPATE IN THE FIRST COMMUNITY LED REZONING OVERSIGHT TASK FORCE.

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

COMMUNITY SERVICES PROVIDES A RANGE OF FREE SERVICES INCLUDING BENEFITS ACCESS (SNAP, UNEMPLOYMENT INSURANCE, MEDICARE/AID AND MORE), TAX PREPARATION, FINANCIAL AND LEGAL COUNSELING AND (IN 2020, 2021 AND 2022) EMERGENCY COVID-19 RELIEF (I.E., EMERGENCY RENTAL ASSISTANCE, VACCINE AND TESTING ACCESS AND INFORMATION) TO OVER 1,000 VERY-LOW AND LOW-INCOME NEW YORKERS ANNUALLY. FAC'S COMMUNITY SERVICES HELPS LOW-INCOME INDIVIDUALS GAIN ECONOMIC AND HOUSING STABILITY AND BUILD THEIR ASSETS. IN FY22, COMMUNITY SERVICES SCREENED AND CONNECTED 754 NEW HOUSEHOLDS WITH ONE OR MORE BENEFITS SUCH AS FOOD STAMPS, HEALTH

Name of the organization FIFTH AVENUE COMMITTEE, INC.	Employer identification number 11-2475743
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INSURANCE, RENTAL SUBSIDIES AND SUPPORTS AND UNEMPLOYMENT INSURANCE.

THE PROGRAM CONNECTED 118 PEOPLE TO LEGAL SERVICES, PROVIDED 157 WITH FINANCIAL COACHING SERVICES (FIRST TIME SERVICE RECIPIENTS), AND 212 WITH FREE TAX PREPARATION SERVICES.

WORKFORCE DEVELOPMENT:

FAC AFFILIATE BWI ASSISTS OVER 900 JOBLESS AND WORKING POOR NEW YORKERS EACH YEAR BY OFFERING SECTOR-BASED JOB TRAINING AND DIRECT PLACEMENT SERVICES. THESE PROGRAMS PROVIDE ACCESS TO LIVING-WAGE EMPLOYMENT AND CAREERS, PLACEMENT AND SUPPORTS (I.E., RESUME DEVELOPMENT, INTERVIEW, AND SOFT SKILL DEVELOPMENT). FAC'S SUNSET PARK BRIDGE PROGRAM SERVED 81 IMMIGRANT STUDENTS WITH BARRIERS TO EMPLOYMENT AND TOGETHER WITH BWI, HELPED 84 TO SECURE LIVING WAGE EMPLOYMENT AS OF 6/30/22.

SUSTAINABLE DEVELOPMENT:

IN 2022, FAC CONTINUED TO ADVANCE OUR EFFORTS TO INSTALL OVER 225,000 KW OF SOLAR POWER ON FAC OWNED AND MANAGED AFFORDABLE HOUSING AND COMMUNITY FACILITY BUILDINGS IN PHASE 1 AS PART OF REDUCING OUR GREENHOUSE GAS EMISSIONS, REDUCING MAINTENANCE EXPENSES TO CONTRIBUTE TO PERMANENT AFFORDABILITY AND REDUCE UTILITY EXPENSES FOR LOW AND MODERATE-INCOME TENANTS LIVING IN FAC PROPERTIES. FAC ALSO LAUNCHED BARRIO SOLAR WITH FAC HUD CERTIFIED HOUSING COUNSELING AFFILIATE, NEIGHBORS HELPING NEIGHBORS, AND PARTNER SOLAR ONE, TO ASSIST LMI HOMEOWNERS IN NYC TO REDUCE THEIR UTILITY COSTS, REDUCE GREENHOUSE GAS EMISSIONS AND INCREASE THE VALUE OF THEIR ASSET BY PROVIDING SUPPORTS AND SOLAR DOWN PAYMENT ASSISTANCE.

Name of the organization FIFTH AVENUE COMMITTEE, INC.	Employer identification number 11-2475743
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EXPENSES \$ 765,044. INCLUDING GRANTS OF \$ 0. REVENUE \$ 552,204.

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

FIFTH AVENUE COMMITTEE, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD MEMBERS OF THE ORGANIZATION FOR ANY COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

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

FAC HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS ANNUALLY MONITORED. THE POLICY APPLIES TO RESPONSIBLE PERSONS. A RESPONSIBLE PERSON IS DEFINED AS ANY PERSON SERVING AS AN OFFICER, EMPLOYEE, OR MEMBER OF THE BOARD OF DIRECTORS OF FIFTH AVENUE COMMITTEE, INC. IF A RESPONSIBLE PERSON WERE TO HAVE A CONFLICT THE FOLLOWING PROCEDURES WOULD TAKE PLACE:

A. BEFORE BOARD OR COMMITTEE ACTION ON AND AGREEMENT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST, A DIRECTOR OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO ATTENDS THE MEETING SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

B. A DIRECTOR OR COMMITTEE MEMBER WHO PLANS NOT TO ATTEND A MEETING AT WHICH HE OR SHE HAS REASON TO BELIEVE THAT THE BOARD OR COMMITTEE WILL ACT

Name of the organization FIFTH AVENUE COMMITTEE, INC.	Employer identification number 11-2475743
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ON A MATTER IN WHICH THE PERSON HAS A CONFLICT OF INTEREST SHALL DISCLOSE TO THE CHAIR OF THE MEETING ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. THE CHAIR SHALL REPORT THE DISCLOSURE AT THE MEETING AND THE DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

C. A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. SUCH PERSON SHALL NOT ATTEMPT TO EXERT THEIR PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING.

D. A PERSON WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO AN AGREEMENT OR TRANSACTION THAT WILL BE VOTED ON AT A MEETING SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE. THE PERSON HAVING A CONFLICT OF INTEREST MAY NOT VOTE ON THE AGREEMENT OR TRANSACTION AND SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN, UNLESS THE VOTE IS BY SECRET BALLOT. SUCH PERSON'S INELIGIBILITY TO VOTE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING. FOR PURPOSES OF THIS PARAGRAPH, A MEMBER OF THE BOARD OF DIRECTORS OF FIFTH AVENUE COMMITTEE, INC. HAS A CONFLICT OF INTEREST WHEN THEY STAND FOR ELECTION AS AN OFFICER OR FOR RE-ELECTION AS A MEMBER OF THE BOARD OF DIRECTORS, UNLESS THE VOTE IS AS A SLATE OF CANDIDATES OR OFFICERS.

E. RESPONSIBLE PERSONS WHO ARE NOT MEMBERS OF THE BOARD OF DIRECTORS OF FIFTH AVENUE COMMITTEE, INC., OR WHO HAVE A CONFLICT OF INTEREST WITH RESPECT TO AN AGREEMENT OR TRANSACTION OR OUTSIDE ACTIVITY THAT IS NOT THE SUBJECT OF BOARD OR COMMITTEE ACTION, SHALL DISCLOSE TO THE EXECUTIVE DIRECTOR ANY CONFLICT OF INTEREST THAT SUCH RESPONSIBLE PERSON HAS WITH

Name of the organization FIFTH AVENUE COMMITTEE, INC.	Employer identification number 11-2475743
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RESPECT TO AN AGREEMENT, TRANSACTION OR OUTSIDE ACTIVITY. IF THE RESPONSIBLE PERSON IS THE EXECUTIVE DIRECTOR, THEY SHALL DISCLOSE TO THE EXECUTIVE COMMITTEE OF THE BOARD ANY CONFLICT OF INTEREST THAT SUCH RESPONSIBLE PERSON HAS WITH RESPECT TO AN AGREEMENT, TRANSACTION OR OUTSIDE ACTIVITY. SUCH DISCLOSURE SHALL BE MADE AS SOON AS THE CONFLICT OF INTEREST IS KNOWN TO THE RESPONSIBLE PERSON. THE RESPONSIBLE PERSON SHALL REFRAIN FROM ANY ACTION THAT MAY AFFECT FIFTH AVENUE COMMITTEE, INC'S PARTICIPATION IN SUCH AGREEMENT, TRANSACTION OR OUTSIDE ACTIVITY.

F. IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES TO THE CHAIR OR CO-CHAIRS, THE EXECUTIVE DIRECTOR OR THE EXECUTIVE COMMITTEE (AS A MEMBER OF THE BOARD, AN EMPLOYEE OR THE EXECUTIVE DIRECTOR AS RELEVANT), WHO SHALL DETERMINE WHETHER THERE EXISTS A CONFLICT OF INTEREST THAT IS SUBJECT TO THIS POLICY.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, WHO DOES NOT HAVE A CONFLICT OF INTEREST, REVIEWS INFORMATION ANNUALLY ABOUT THE EXECUTIVE COMPENSATION OF NONPROFIT PEERS AS WELL AS SALARY SURVEY FROM INDEPENDENT SOURCES. THE EXECUTIVE COMMITTEE MAKES A RECOMMENDATION ON EXECUTIVE DIRECTOR COMPENSATION UTILIZING THIS INFORMATION TO THE FULL BOARD OF DIRECTORS WHO THEN VOTES ON THE ANNUAL COMPENSATION OF THE EXECUTIVE DIRECTOR. THE DECISION IS DOCUMENTED IN THE MINUTES TO THE BOARD. THE OPERATIONS AND PERSONNEL COMMITTEE REVIEWS THIRD PARTY SALARY SURVEYS AND 990'S OF NONPROFIT PEERS AND PROVIDES GUIDANCE TO THE EXECUTIVE DIRECTOR ON SALARY RANGES FOR THE EXECUTIVE DIRECTOR TO THEN FINALIZE FOR OTHER STAFF INCLUDING KEY STAFF. THIS PROCESS WAS LAST UNDERTAKEN IN FY2022.

Name of the organization FIFTH AVENUE COMMITTEE, INC.	Employer identification number 11-2475743
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FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG (DBA CANDID) ON FAC'S WEBSITE AND OTHER RELEVANT WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **FIFTH AVENUE COMMITTEE, INC.** Employer identification number **11-2475743**

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
SUNSET GARDEN LLC - 45-4996719 621 DEGRAW STREET BROOKLYN, NY 11217	LOW INCOME HOUSING	NEW YORK	0.	0.	FIFTH AVENUE COMMITTEE, INC.
FAC AT MEMBER LLC - 47-3060207 621 DEGRAW STREET BROOKLYN, NY 11217	LOW INCOME HOUSING	NEW YORK	0.	0.	FIFTH AVENUE COMMITTEE, INC.
FAC GOWANUS GREEN LLC - 26-4090623 621 DEGRAW STREET BROOKLYN, NY 11217	LOW INCOME HOUSING	NEW YORK	0.	0.	FIFTH AVENUE COMMITTEE, INC.
FAC NORTHEASTERN TOWERS MEMBER LLC - 82-5195665, 621 DEGRAW STREET, BROOKLYN, NY 11217	LOW INCOME HOUSING	NEW YORK	0.	0.	FIFTH AVENUE COMMITTEE, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
130 29TH STREET HOUSING DEVELOPMENT FUND CORPORATION - 20-4732803, 621 DEGRAW STREET, BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(4)		FIFTH AVENUE COMMITTEE, INC.	X	
50TH STREET HOUSING DEVELOPMENT FUND CORPORATION - 11-3270117, 621 DEGRAW STREET, BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	FIFTH AVENUE COMMITTEE, INC.	X	
573 WARREN STREET HOUSING DEVELOPMENT FUND CORPORATION - 11-3143585, 621 DEGRAW STREET, BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 7	FIFTH AVENUE COMMITTEE, INC.	X	
575 FIFTH AVENUE HOUSING DEVELOPMENT FUND CORPORATION - 20-8954587, 621 DEGRAW STREET, BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(4)		FIFTH AVENUE COMMITTEE, INC.	X	

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

Schedule R (Form 990) 2021

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
FAC SOLAR LLC - 85-3339528 621 DEGRAW STREET BROOKLYN, NY 11217	RENEWABLE ENERGY	NEW YORK	28,875.	10,619.	FIFTH AVENUE COMMITTEE, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
588 PARK PLACE HOUSING DEVELOPMENT FUND CORPORATION - 45-0481177, 621 DEGRAW STREET, BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	FIFTH AVENUE COMMITTEE, INC.	X	
FAC ADVANCE HOUSING DEVELOPMENT FUND CORPORATION - 26-4642733, 621 DEGRAW STREET, BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(4)		FIFTH AVENUE COMMITTEE, INC.	X	
FAC CENTER LOCAL DEVELOPMENT CORPORATION - 20-2849260, 621 DEGRAW STREET, BROOKLYN, NY 11217	COMMUNITY CENTER	NEW YORK	501(C)(3)	LINE 10	FIFTH AVENUE COMMITTEE, INC.	X	
FAC HOMEOWNERSHIP HOUSING DEVELOPMENT FUND CORPORATION - 11-3440267, 621 DEGRAW STREET, BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	FIFTH AVENUE COMMITTEE, INC.	X	
FAC HOUSING DEVELOPMENT FUND CORPORATION - 11-2569339, 621 DEGRAW STREET, BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	FIFTH AVENUE COMMITTEE, INC.	X	
FAC PRESERVATION HOUSING DEVELOPMENT FUND CORPORATION - 47-0919280, 621 DEGRAW STREET, BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(4)		FIFTH AVENUE COMMITTEE, INC.	X	
FAC RENAISSANCE HDFC - 81-1004692 621 DEGRAW STREET BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(4)		FIFTH AVENUE COMMITTEE, INC.	X	
FAC RESTORE HOUSING DEVELOPMENT FUND CORPORATION - 20-2896988, 621 DEGRAW STREET, BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(4)		FIFTH AVENUE COMMITTEE, INC.	X	
LEAP, INC. - 11-3111694 621 DEGRAW STREET BROOKLYN, NY 11217	CREATE LONG-TERM EMPLOYMENT FOR LOW AND MODERATE INCOME PEOPLE	NEW YORK	501(C)(3)	LINE 7	FIFTH AVENUE COMMITTEE, INC.	X	
NEIGHBORS HELPING NEIGHBORS, INC. - 11-3059958, 621 DEGRAW STREET, BROOKLYN, NY 11217	SECURE & MAINTAIN QUALITY HOUSING & BUILD FINANCIAL ASSETS	NEW YORK	501(C)(3)	LINE 7	FIFTH AVENUE COMMITTEE, INC.	X	
NORTHEASTERN CONFERENCE HOUSE ANNEX HDFC - 82-5247722, 621 DEGRAW STREET, BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(4)		FIFTH AVENUE COMMITTEE, INC.	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
551 WARREN STREET 1 LIMITED PARTNERSHIP - 11-3432257, 621 DEGRAW STREET, BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	551 WARREN STREET 1 INC.	RELATED	0.	0.		X	N/A		X	.00%
ATLANTIC TERRACE 12 LLC - 20-3963981, 621 DEGRAW STREET, BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FAC ATLANTIC TERRACE INC.	RELATED	0.	0.		X	N/A		X	.00%
FAC 6309 FOURTH AVENUE L.P. - 47-5475760, 621 DEGRAW STREET, BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FAC 6309 FOURTH AVENUE GP, INC.	RELATED	0.	0.		X	N/A		X	.00%
FAC 6309 FOURTH AVENUE MM LLC - 84-3310446, 621 DEGRAW STREET, BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FAC 6309 FOURTH AVENUE GP, INC.	RELATED	0.	0.		X	N/A		X	.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
551 WARREN STREET I, INC. - 11-3432252 621 DEGRAW STREET BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FIFTH AVENUE COMMITTEE, INC.	C CORP	0.	0.	100%	X	
575 FIFTH AVENUE INC - 26-1565714 621 DEGRAW STREET BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FIFTH AVENUE COMMITTEE, INC.	C CORP	0.	0.	100%	X	
FAC RED HOOK HOMES, INC. - 20-2827495 621 DEGRAW STREET BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FIFTH AVENUE COMMITTEE, INC.	C CORP	29,858.	903,606.	100%	X	
FAC SUNSET PARK HOUSING DEVELOPMENT FUND CORP. - 47-2458264, 621 DEGRAW STREET, BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FIFTH AVENUE COMMITTEE, INC.	C CORP	0.	0.	100%	X	
FAC SUNSET PARK GP - 47-1960681 621 DEGRAW STREET BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FIFTH AVENUE COMMITTEE, INC.	C CORP	0.	0.	100%	X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tate 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	
FAC BROWNSVILLE APARTMENTS LP - 83-3327892, 621 DEGRAW STREET, BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FAC BROWNSVILLE APARTMENTS GP	RELATED	0.	0.		X	N/A		X	.00%
FAC RENAISSANCE LIMITED PARTNERSHIP - 47-5052123, 621 DEGRAW STREET, BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FAC RENAISSANCE GP	RELATED	0.	0.		X	N/A		X	.00%
FAC SUNSET PARK LIMITED PARTNERSHIP - 47-1960755, 621 DEGRAW STREET, BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FAC SUNSET PARK GP	RELATED	0.	0.		X	N/A		X	.00%
NORTHEASTERN TOWERS ANNEX DEVELOPER LLC - 82-5211062, 621 DEGRAW STREET, BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FAC NORTHEASTERN TOWERS MEMBER LLC	RELATED	0.	0.		X	N/A		X	.00%
NORTHEASTERN TOWERS ANNEX GP LLC - 81-3430274, 621 DEGRAW STREET, BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	NORTHEASTERN TOWERS ANNEX MANAGER LLC	RELATED	0.	0.		X	N/A		X	.00%
NORTHEASTERN TOWERS ANNEX LP - 81-4673705, 621 DEGRAW STREET, BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	NORTHEASTERN TOWERS ANNEX MANAGER LLC	RELATED	0.	0.		X	N/A		X	.00%
NORTHEASTERN TOWERS ANNEX MANAGER LLC - 32-0565348, 621 DEGRAW STREET, BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FAC NORTHEASTERN TOWERS MEMBER LLC	RELATED	0.	0.		X	N/A		X	.00%
SUPPORTIVE SLOPE LIMITED PARTNERSHIP - 26-1565858, 621 DEGRAW STREET, BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	575 FIFTH AVENUE INC.	RELATED	0.	0.		X	N/A		X	.00%

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
FAC RENAISSANCE GP - 47-5036133 621 DEGRAW STREET BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FIFTH AVENUE COMMITTEE, INC.	C CORP	0.	0.	100%	X	
FAC 6309 FOURTH AVENUE, HDFC - 81-2090217 621 DEGRAW STREET BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FIFTH AVENUE COMMITTEE, INC.	C CORP	0.	0.	100%	X	
FAC 6309 FOURTH AVENUE GP, INC. - 47-5490222 621 DEGRAW STREET BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FIFTH AVENUE COMMITTEE, INC.	C CORP	0.	0.	100%	X	
FAC ATLANTIC TERRACE INC - 20-3964179 621 DEGRAW STREET BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FIFTH AVENUE COMMITTEE, INC.	C CORP	119.	799,239.	100%	X	
FAC FULTON STREET HDFC - 81-3273164 621 DEGRAW STREET BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FIFTH AVENUE COMMITTEE, INC.	C CORP	0.	0.	100%	X	
FAC BROWNSVILLE GP, INC. - 83-3327665 621 DEGRAW STREET BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FIFTH AVENUE COMMITTEE, INC.	C CORP	0.	0.	100%	X	
FAC CLUSTER HDFC - 83-3785295 621 DEGRAW STREET BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	FIFTH AVENUE COMMITTEE, INC.	C CORP	0.	0.	100%	X	

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LEAP	A	148,584.	COST
(2) FAC RENAISSANCE HDFC	B	150,000.	COST
(3) FAC RENAISSANCE HDFC	K	246,674.	COST
(4) FAC ADVANCE HDFC	K	58,022.	COST
(5) FAC CENTER LOCAL DEVELOPMENT CORP	K	404,715.	COST
(6) FAC RENAISSANCE HDFC	L	166,609.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) 573 WARREN STREET HDFC	L	85,270.	COST
(8) 588 PARK PLACE HDFC	L	90,887.	COST
(9) NEIGHBORS HELPING NEIGHBORS	L	319,812.	COST
(10) LEAP, INC.	L	232,392.	COST
(11) 50TH STREET HDFC	L	121,594.	COST
(12) FAC ADVANCE HDFC	L	52,170.	COST
(13) NEIGHBORS HELPING NEIGHBORS	B	123,415.	COST
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(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.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

NORTHEASTERN TOWERS ANNEX DEVELOPER LLC

DIRECT CONTROLLING ENTITY: FAC NORTHEASTERN TOWERS MEMBER LLC

NAME OF RELATED ORGANIZATION:

NORTHEASTERN TOWERS ANNEX MANAGER LLC

DIRECT CONTROLLING ENTITY: FAC NORTHEASTERN TOWERS MEMBER LLC