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 $_{\text{Form}}990$

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Open to Public Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements

\ Fo	rthe 2	2008 cale		, or tax year beginning 07-01-	2008 and ending 06-30-200	9		
_			Please	C Name of organization CYPRESS HILLS LOCAL DEVELOPMI	ENT CORP			ntification number
_	Iress cha	I	use IRS label or	Doing Business As			11-2683663 E Telephone nui	
Nar	ne char		print or type. See	· · · , - · · · · · · · ·			•	
_ Inıt	ıal retur		Specific Instruc-		mail is not delivered to street addre	ess) Room/suite	(718) 647-2 G Gross receipts	
Ter	mınatıoı		tions.	625 JAMAICA AVENUE				- + -,,
- Am	ended r	return		City or town, state or country, and BROOKLYN, NY 11208	d ZIP + 4	•		
App	lication	pending		BROOKEIN, NT 11200				
				e and address of Principal Off	ficer	H(a) Is thu	s a group return i	
				LLE NEUGEBAUER MAICA AVENUE		affilia	tes?	⊤Yes 🔽 No
				LYN,NY 11208		H(b) Are all	affiliates included	d?
Ta	x-exem	pt status	501(c)	(3) ◀ (insert no)	.) or 527	- ·	•	See instructions)
W	eb site	e: ► www	cypresshı	lls org		H(c) Grou	p Exemption Nun	nber ►
Тур	e of org	janization [Corporati	on trust association other I	•	L Year of Fo	mation 1983 M S	State of legal domicile NY
Da	T							
Рđ	1	Summ Briefly de	•	e organization's mission or mo	st significant activities			
ı)				HE CYPRESS HILLS COMMU	_			
Solution of the								
)								
2			,	f the organization discontinue				
			_	nembers of the governing body				13
3				dent voting members of the go		b)		13
				ployees (Part V, line 2a)				<u>194</u> 0
				lunteers (estimate if necessar ed business revenue from Par		_	0	
•				ness taxable income from Forr	•	74 <u> </u>	0	
						Prio	or Year	Current Year
	8	Contribu	utions and	grants (Part VIII, line 1h)		6,257,014	6,381,008	
를	9	Program	n service r	evenue (Part VIII, line 2g)			103,331	498,535
Reven	10	Investm	nent incom	ne (Part VIII, column (A), lıne		2,042	283	
<u> </u>	11	Other re	evenue (Pa	art VIII, column (A), lines 5, 6		25,412	7,358	
	12	Total re 12)	venue—ad	ld lines 8 through 11 (must eq	ıual Part VIII, column (A), lın	ie	6,387,799	6,887,184
	13	· · ·	and simila	r amounts paid (Part IX, colur	nn (A), lines 1-3)		0,001,100	0
	14			r for members (Part IX, colum				0
	15	Salaries	, other co	mpensation, employee benefit	s (Part IX, column (A), lines	5 –		
Expenses		10)					4,941,898	5,366,527
ই	16a			aising fees (Part IX, column (0
ភ	b			enses, Part IX, column (D), line 25 1				
	17			Part IX, column (A), lines 11a			1,405,512	1,233,283
	18 19			add lines 13–17 (must equal l enses Subtract line 18 from l		6,347,410	6,599,810	
5 00	19	Kevellue	- тезэ ехр	Chises Subtract fille 10 from f	mc 12	Reginni	ng of Year	287,374 End of Year
2 00	20	Totalac	sets (Par	t X, line 16)		Degililli	2,534,808	2,818,729
7 TE	21		•	art X, line 26)			969,665	966,212
ner Assets of Fund Balances	22		•	art x, iine 26) d balances Subtract line 21 fr	om line 20		1,565,143	1,852,517
_	22 1111		ture Blo		1,305,143	1,852,517		
	- T	Under per	nalties of per	jury, I declare that I have examined				
		and belief	, it is true, c	orrect, and complete Declaration of	preparer (other than officer) is base	ed on all informat	ion of which prepare	r has any knowledge
Plea Sign		*****	* ure of office	r		2010- Date	05-10	
lere		[,]				Date		
			or print name	AUER EXECUTIVE DIRECTOR e and title				
		Preparer's	<u> </u>		Date	Check If	Preparer's PTIN (S	Gee Gen Inst)
aid		signature		RICK H ROTHMAN		self- empolyed •		,
	arer's	Firm's nam	ne (or yours	LOEB & TROPER LLP		poi,cu -		
lse (ıf self-emp		655 THIRD AVENUE 12TH FLOOR	2		EIN Þ	
					`		Phone no ▶ (21	2) 867-4000
lav t	he IRS	I S discuss	this retur	NEW YORK, NY 10017 n with the preparer shown abo	ve? (See instructions)			✓ Yes No
uy t	113	_ u.j.uj5	cina ietul	cue biebaiei silomii ano	(500 mstructions)			, 100 110

Part III Statement of Program Service Accomplishments (See the instructions.)

L	Briefly describe the organization's mission			
	The Cypress Hills Local Development Corporation (Cl community organization, serving 8,000 residents a ye			
2	Did the organization undertake any signific the prior Form 990 or 990-EZ?		ices during the year which were not lis	sted on Yes No
3	If "Yes," describe these new services on S Did the organization cease conducting or i services?		hanges in how it conducts any prograi	m □ Yes ▽ No
4	If "Yes," describe these changes on Scheo			, , , , , , , , , , , , , , , , , , , ,
•	Describe the exempt purpose achievemen Section 501(c)(3) and (4) organizations a others, the total expenses, and revenue, if	nd 4947 (a)(1) tru:	sts are required to report the amount	·
1a	(Code) (Expenses \$ YOUTH AND HUMAN SERVICES-OUR PROGRAMS II INDIVIDUAL COUNSELING TO HELP LOCAL YOUNG WORKSHOPS, AND COLLEGE TRIPS, GED INSTRUC SCHOOL-BASED COMMUNITY CENTER WHICH PRO RECREATION, HEALTH AND FITNESS FOR YOUTH A	NCLUDE HIGH QUALIT PEOPLE WITH THE ADI CTION AND EMPLOYME OVIDES ADULT EDUCAT	Y, FUN AFTERSCHOOL PROGRAMS TO 650 CH MISSIONS AND FINANCIAL AID PROCESSES OF NT SERVICES FOR YOUNG PEOPLE, AGES 16-2 TON, INCLUDING ESL AND GED, AFTERSCHOO	APPLYING AND ENTERING COLLEGE, 24 WHO ARE NOT IN SCHOOL OR WORKING,
1b		•	, ,	Revenue \$ 498,535)
	HOUSING DEVELOPMENT AND COUNSELING - PRO BUILDINGS, AND AROUND SAFETY AND SANITATIC INCREASING MINORITY AND LOW INCOME HOMEO PAYMENT ASSISTANCE GRANTS, OFFERING FREE, WE HAVE CREATED AND CURRENTLY MAINTAIN AI ADDITIONAL UNITS IN DEVELOPMENT	N ISSUES ON THEIR B WNERSHIP AND HELP FOUR PART WORKSH	LOCKS, CONNECTING PROSPECTIVE HOME BU BUYERS UNDERSTAND AND OBTAIN MORTGA OP SERIES TO FIRST TIME HOMEBUYERS TEA	JYERS WITH BANKS DEDICATED TO GE PRODUCTS,CREDIT REPORTS AND DOWN CHING SMART HOME BUYING PRACTICES AND
l c	(Code) (Expenses \$ ECONOMIC DEVELOPMENT-PROGRAMS INCLUDE A ELIGIBILITY FOR PUBLIC BENEFITS SUCH AS FOOE LOW-INCOME FAMILIES IN THE 2009 TAX SEASON LOCAL MERCHANTS, AND ORGANIZE A MERCHANT FINANCIAL PRODUCTS, DEBT AND CREDIT AND CO	ASSISTING RESIDENTS O STAMPS AND THE EA , WE PREPARED OVER OS ASSOCIATION GROU	TO USE EARN BENEFITS, A COMPUTERIZED S RNED INCOME TAX CREDIT WE ALSO PROVID 970 TAX RETURNS FOR LOW-INCOME RESIDI	E FREE TAX PREPERATION ASSISTANCE TO ENTS PROVIDING TECHNICAL ASSISTANCE TO
1d	(-	hedule O) luding grants of \$) (Revenue \$	1
1e		5,602,509	Must equal Part IX, Line 25, column (E	3).

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	12	Yes	
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		l No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns?		V	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
Ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
F-		-		NI -
5a _	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
		6a		No
6a 	Did the organization solicit any contributions that were not tax deductible?	0a		NO
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or	7a	Yes	
	more?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		V	
_	required?	7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		
	year?	l		l
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	against amounts and of received nomencing ()			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 125	j		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	_				
Section	Α.	Governing	Rody	and	Management

		_		Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circular processes, or changes in Schedule O. See instructions.	ımstances,			
1a	Enter the number of voting members of the governing body 1a	13			
Ь	Enter the number of voting members that are independent 1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors or trustees, or key employees to a management company or other pe		3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Forfiled?	n 990 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets	? [5		Νo
6	Does the organization have members or stockholders?		6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more mem governing body?	bers of the	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other person	ons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken du year by the following	ırıng the			
а	the governing body?	[8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?		8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such c affiliates, and branches to ensure their operations are consistent with those of the organization? • .		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization uses to review the Form 990		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be rethe organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Nancy Segarra 625 JAMAICA AVENUE Brooklyn, NY 11208 (718) 647-2800

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did r	ot compens	ate any	offic	er, c	irec	tor, tr	uste	e or key employee		
		Posit t	(C tion (hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
HAROLD GREEN , PRESIDENT	1 00	Х		Х		1		0	0	0
MARISOL QUINONES , VICE PRESIDENT	1 00	Х		Х				0	0	0
LAMONT LAWES , TREASURER	1 00	Х		Х				0	0	0
SYLVIA STOVALL, SECRETARY	1 00	Х		Х				0	0	0
REV DR DAVID BENKE, BOARD MEMBER	1 00	Х						0	0	0
YVONNE COOK , BOARD MEMBER	1 00	Χ						0	0	0
MICHAEL LAWES, BOARD MEMBER	1 00	Х						0	0	0
MARIA C MAHAN , BOARD MEMBER	1 00	Х						0	0	0
LUCIENNE D MUHAMMAD , BOARD MEMBER	1 00	Х						0	0	0
JOSE L NIEVES , BOARD MEMBER	1 00	Х						0	0	0
HAMILTON D STERLING , BOARD MEMBER	1 00	Х						0	0	0
PATRICIA A TANNER , BOARD MEMBER	1 00	X						0	0	0
ROGER E TANNER , BOARD MEMBER	1 00	Х						0	0	0
MICHELLE NEUGEBAUER, EXECUTIVE DIRECTOR	35 00			Х				91,798	0	19,154
DANINE KNOWLES HODGE , DIRECTOR OF FINANCE	35 00			х				85,319	0	18,091
				_			_			

Part VIII Continued

		1	(ition that a	•					(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
					┢	-				
1b Total			٠.			•	>	177,117	0	37,245

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation			
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation					

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
14 -	1a	Federated campaigns 1a	1				
ants Ints	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	С	Fundraising events 1c	155,634				
<u>#</u> _₹	d	Related organizations1d					
ξŒ.	e	Government grants (contributions) 1e	4,147,477				
butío ther:	f	All other contributions, gifts, grants, and similar amounts not included above	2,077,897				
E o	g	Noncash contributions included in					
္ပန္	h	lines 1a-1f \$ Total (Add lines 1a-1f)		6,381,008			
			Business Code				
ПE	2a	Development Fees	531,310	498,535	498,535		
ex. ex	b						
ъў. Ш	С						
2	d						
ž,	e						
Program Serwce Revenue	f	All other program service revenue					
_ <u>&</u> ———	g	Total. Add lines 2a-2f					
	3	Investment income (including divi	·	283			283
		other similar amounts)	▶				200
	4	Income from investment of tax-exempt b	ond proceeds .				
	5	Royalties					
		(ı) Real	(11) Personal				
	6a	Gross Rents Less rental					
	ь	expenses					
	c d	Rental income or (loss) Net rental income or (loss)					
			<u> </u>				
	7a	Gross amount from sales of	(II) Other				
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	. ▶				
Other Revenue	8a	Gross income from fundraising events (not including \$					
æ		\$15,000 a	155,634				
her	ь	Less direct expensesb					
ᅗ	С	Net income or (loss) from fundrais	ıng events ▶	-4,269			-4,269
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
	 	a h					
	b c	Less direct expensesb Net income or (loss) from gaming					
	10a	Gross sales of inventory, less returns and allowances					
	ь	a Less cost of goods sold b					
	С	Net income or (loss) from sales of	inventory				
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900,099	11,627			11,627
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g, 3	\$ 11,627 3 4 5 6d 7d	6,887,184	498,535	0	7,641
		8c, 9c, 10c, and 11e		-,-3,,13	.50,000	, and the second	,,,,,,

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) but are not required to complete columns (B), (C), and (D).											
Do	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 expenses										
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21										
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22										
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	215,576	91,631	112,491	11,454						
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	4,069,033	3,475,307		92,774						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	45,378	38,118	5,899	1,361						
9	Other employee benefits	575,586	502,757	64,589	8,240						
10	Payroll taxes	460,954	387,201	59,924	13,829						
11	Fees for services (non-employees)										
а	Management										
b	Legal										
C	Accounting	25,000	21,000	3,250	750						
d	Lobbying										
е	Professional fundraising See Part IV, line 17										
f	Investment management fees										
g	Other	223,924	217,698	5,014	1,212						
12	Advertising and promotion	53,559	51,238	1,040	1,281						
13	Office expenses	343,113	302,798	33,939	6,376						
14	Information technology										
15	Royalties										
16	Occupancy	96,197	54,510	40,592	1,095						
17	Travel	180,097	174,154	5,943							
18	Payments of travel or entertainment expenses for any Federal, state or local public officials										
19	Conferences, conventions and meetings	85,951	73,509	11,441	1,001						
20	Interest	1,376		1,376							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	27,065	22,324	4,741							
23	Insurance	39,547	33,615	5,141	791						
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)										
а	bad debts	74,187	74,187								
b	PARTICIPANT EXPENSES	61,424	61,424								
С	MISCELLANEOUS	21,843	21,038	805							
f	All other expenses										
25	Total functional expenses. Add lines 1 through 24f	6,599,810	5,602,509	857,137	140,164						
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				900 /2009)						

Part X	Balance	Sheet
--------	---------	-------

					(A)		(E	
	1	Cash—non-interest-bearing			Beginning of year 96.618	1	Ena o	fyear 390,882
	2	Savings and temporary cash investments			29,362			14,197
	3	Pledges and grants receivable, net	1,819,210			1,777,186		
	4	Accounts receivable, net	•		50,663	-		102,543
	5	Receivables from current and former officers, directors, trustees,		mployees or	50,000	-		102,010
	_	other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
\$	9	Prepaid expenses and deferred charges			19,229	9		14,507
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	995,972				
•	Ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	476,558	519,726	10c		519,414
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D				12		
	13	Investments—program-related See Part IV, line 11 Complete Pa of Schedule D .		13				
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,534,808			2.818.729
	17	Accounts payable and accrued expenses .			835,806			726,584
	18	Grants payable	44.200			39,628		
	19	Deferred revenue	,	19				
	20	Tax-exempt bond liabilities		20				
or or	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ē		persons Complete Part II of Schedule L				22		
_	23	Secured mortgages and notes payable to unrelated third parties		-	89,659	23		200,000
	24	Unsecured notes and loans payable			·	24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			969,665	-		966,212
		Organizations that follow SFAS 117, check here ▶ 🔽 and comple	ete lin	es 27				
Balance	27	through 29, and lines 33 and 34. Unrestricted net assets			1,073,745	27		1,273,331
<u> </u>	27 28	Temporarily restricted net assets			491,398			579,186
<u> </u>	28 29	Permanently restricted net assets			491,396	28		573,100
Fund	29	•	l aamm	lata		29		
or Fi		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	comp	iete				
	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fun	ds			32		
Net	33	Total net assets or fund balances			1,565,143	33		1,852,517
_	34	Total liabilities and net assets/fund balances			2,534,808	34		2,818,729
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

ParitXI	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
ь	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Νο
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
ь	If "Yes," did the organization undergo the required audit or audits?	3b		_

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

		e organizati						Em	ployer ide	nt if icat io	n number
CYPKI	:22 HILL	S LUCAL DEVE	LOPMENT CORP					11	-268366	3	
Pa	rt I	Reason	for Public C	harity Status (to be co	mnleted	hy all or	nanizatio				
				ation because it is (Please					11100100		
1	Γ			nurches, or association of ch					(A)(i).		
2	Γ	A school de	escribed in Sec	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)					
3	Г			e hospital service organizati			tion 170(l	b)(1)(A)(i	i ii). (Attac	h Schedu	le H)
4	Γ	A medical	research organ	ızatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the
		hospital's i	name, city, and	state							
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		Section 17	D(b)(1)(A)(iv).	(Complete Part II)							
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt desci	ıbed ın S e	ection 170	(b)(1)(A)	(v).		
7	굣	An organiza	ation that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental ı	unit or fron	n the gene	eral public
		describedi	n Section 170(l	b)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A commun	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)				
9	Γ	An organiza	atıon that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontributior	ns, membe	rship fees	s, and gross
		receipts fro	om activities re	lated to its exempt functions	s—s ubject	to certaii	n exceptio	ns, and (2) no more	than 331/	′3% of
		ıts support	from gross inv	estment income and unrelate	ed busines	ss taxable	ıncome (l	less sectio	on 511 ta:	x) from bu	sınesses
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)		
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ect ion 509	(a)(4). (S	ee instruc	tions)
11		-	=	and operated exclusively fo					•		• •
				orted organizations describe type of supporting organiza		٠,	` '	•	, , ,	Section 5	09(a)(3). Check
		_	ype I b				nally Integ		ď	Гтуре	III - Other
e	Γ	By checkin	g this box, I ce	rtify that the organization is	not contr	olled dired	tly or ındı	rectly by	one or moi	re disqual	ıfıed persons
				agers and other than one or	more pub	licly supp	orted orga	nızatıons	described	ın sectior	n 509(a)(1) or
f		section 50		d a written determination fro	m tha IDS	S that it is	a Type I	Typo II o	r Typo III	cupportu	a organization
•		check this		d a written determination no	in the IKS	, tilat it is	a Type I,	Type II o	i i ype iii	supportin	ig organization,
g		Since Augi	ıst 17, 2006, h	as the organization accepted	d any gıft	or contrıb	utıon from	any of the	<u> </u>		·
		following pe									
			•	or indirectly controls, either a		_	tn persons	s describe	a in (ii)	44	Yes No
				ing body of the the supported	_	tion				11g	
			•	erson described in (i) above ity of a person described in (haya?				11g(11g(
h				mation about the organizatio			cupports			119(<u>, </u>
		riovide tile	: lollowing illion	mation about the organizatio	ins the org	jailizatioli	Supports				
-	(i) Na	ıme of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A mount of
		orted	(,	(described on lines 1-9		ation in	1	nızatıon		ation in	support?
	0 rgan	ızatıon		above or IRC section		listed in		i) of your		rganızed	
(See Instructions)) your governing support? in the U.S.? document?											
							1				
					Yes	No	Yes	No	162	No	
										-	
									-	 	
										-	

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box of	n line 5, 7, or	8 of Part I.)				
P	ublic Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,596,105	5,113,793	6,094,487	6,257,014		6,381,008	28,442,407
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 line 1-3	4,596,105	5,113,793	6,094,487	6,257,014		6,381,008	28,442,407
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							
6	(f) Public Support subtract line 5 from line 4							28,442,407
T	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	4,596,105	370	6,094,487	6,257,014	\ - <i>7</i>	6,381,008	28,442,407
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	1,127	370	424	2,042		283	4,246
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 IV)	7,579	9,404	26,142	25,412		30,091	98,628
11	Total Support (Add lines 7 through 10)							28,545,281
12	Gross receipts from related activities, etc	(See instruction	s)	•		12		826,060
13	First Five Years. If the Form 990 is for the organization, check this box and stop here		st, second, third	l, fourth, or fifth	tax year as a 5	01(c)((3)	▶ ┌
14	omputation of Public Support Perc Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (fl)		44		00.640.04
			-	iuiiii (i))		14		99.640 %
15	Public Support Percentage for 2007 Sched					15	<u> </u>	99.730 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	a publicly supp	orted organizati	on	·			▶ ✓
17a	box and stop here. The organization qualifier 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts or t	If the organization	on did not check	a box on line 13				
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.	ances" test The If the organization	e organization qu on did not check	ıalıfıes as a pub a box on lıne 13	licly supported 3, 16a, 16b, or	organı 17a aı	ızatıon nd lıne 15 ı	▶
18	more, and if the organization meets the "fact the organization meets the "facts and circu Private Foundation. If the organization did	mstances" test	The organizatio	n qualifies as a	publicly suppor	ted or	ganızatıon	►
	instructions		,		•			▶ □

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization CYPRESS HILLS LOCAL DEVELOPMENT CORP 11-2683663

Pa	Organizations Maintaining Donor A organization answered "Yes" to Form 9		inds or Accounts. Complete if the					
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate Contributions to (during year)							
3	Aggregate Grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor adv	3	or advised Yes No					
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No							
Pa	rt III Conservation Easements. Complete	e if the organization answered "Yes" to	Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space	tion or pleasure) Preservation of an	historically importantly land area rtified historic structure					
2	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	lified conservation contribution in the form	of a conservation easement					
	·		Held at the End of the Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easemen	ts	2b					
c	Number of conservation easements on a certified h	nistoric structure included in (a)	2c					

С	Number of conservation easements on a certified historic structure included in (a)	2c	<u> </u>
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	orgai	nization during
	the taxable year h		

- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, 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" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

┌ Yes

3	TIII Organizations Maintaining Collections of I	• • • • • • • • • • • • • • • • • • • •						
	Using the organization's accession and other records, check items (check all that apply)	any of th	ie foll	owing that are	a sıgnıfıcant u	se of its collection	ı	
а	Public exhibition	d	Γ	Loan or exch	ange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and ex Part XIV	oplain hov	v the	/ further the o	rganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or receive donati assets to be sold to raise funds rather than to be maintained						Yes	Г No
Par	Trust, Escrow and Custodial Arrangement Part IV, line 9, or reported an amount on Form				nization answ	ered "Yes" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other inte included on Form 990, Part X?	rmediary	for c	ontributions o	r other assets I		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following	table					_	
						A mou	nt	
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?				Г	Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organiza						\	
4-	(a)Current Year	(D	Prior \	rear (c) i wo	Years Back (d)	Three Years Back (e)Four Ye	ears Back
1a	Beginning of year balance							
b	Contributions							
с	Investment earnings or 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 year end balance he							
		eld as						
а	Board designated or quasi-endowment ▶	eld as						
a b	Board designated or quasi-endowment Fermanent endowment Fermanent endowment	eld as						
_	·	eld as						
b	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization.		that a	are held and ac	Iministered for	the		
b c	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by		that a	are held and ac	Iministered for		Yes	No
b c	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization.		that a	are held and ac	Iministered for	3a(i)	Yes	No
b c 3a	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	inization 			Iministered for	3a(i) 3a(ii)	Yes	No
b c 3a b	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	inization uired on S	ched	 ule R?	Iministered for	3a(i)	Yes	No
b c 3a b	Permanent endowment Term endowment Are there endowment funds not in the possession of the orgatorganization by (i) unrelated organizations	inization uired on S	ched ent fu	 ule R?		3a(i) 3a(ii)	Yes	No
b c 3a b	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	inization uired on S	ched ent fu ee F	 ule R? nds orm 990, Pa	rt X, line 10.	3a(i) 3a(ii) 3b	Yes	No
b c 3a b	Permanent endowment Term endowment Are there endowment funds not in the possession of the orgatorganization by (i) unrelated organizations	inization uired on S	ent fu	 ule R?		3a(i) 3a(ii) 3b		No
b c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the orgatorganization by (i) unrelated organizations	inization uired on S	ent fu	ule R? nds orm 990, Pa) Cost or other	rt X, line 10.	3a(i) 3a(ii) 3b		
b c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the orgatorganization by (i) unrelated organizations	inization uired on S	ent fu	ule R? nds orm 990, Pa) Cost or other	rt X, line 10.	3a(i) 3a(ii) 3b		
b c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the orgatorganization by (i) unrelated organizations	inization uired on S	ent fu	ule R? nds orm 990, Pa) Cost or other	rt X, line 10.	3a(i) 3b (c) Depreciation		ok value
b c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the orgatorganization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as required bescribe in Part XIV the intended uses of the organization's TVI Investments—Land, Buildings, and Equipment Description of investment Land	inization uired on S	ent fu	ule R? nds orm 990, Pa) Cost or other	rt X, line 10. (b)Cost or other basis (other)	(c) Depreciation		
b c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the orgatorganization by (i) unrelated organizations	unization uired on S endowmo ment. S	ee F	ule R? nds orm 990, Pa Ocost or other sis (investment)	rt X, line 10. (b)Cost or other basis (other)	(c) Depreciation 154,632 321,926		ook value 148,422

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Part	XI Reconciliation of C	hange in Net Assets from Form	990	<u>to Financial Stateme</u>	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)			1	6,887,184
2	Total expenses (Form 990, Par	t IX, column (A), line 25)			2	6,599,810
3	Excess or (deficit) for the year	Subtract line 2 from line 1			3	287,374
4	Net unrealized gains (losses) o		4			
5	Donated services and use of fac	cilities			5	
6	Investment expenses				6	
7	Prior period adjustments				7	
8	Other (Describe in Part XIV)				8	
9	Total adjustments (net) Add lir	nes 4 - 8			9	0
LO		per financial statements Combine lines 3	3 and 9	9	10	287,374
Part		evenue per Audited Financial St			per Re	
1		r support per audited financial				6,887,184
	statements				1	
2		it not on Form 990, Part VIII, line 12	1	Í		
а	Net unrealized gains on invest		-	2a	-	
Ь	Donated services and use of fo		-	2 b	-	
C .	Recoveries of prior year grants		-	2c	-	
d	Other (Describe in Part XIV)		2	2d	┫ .	_
e	Add lines 2a through 2d .				2e	0
3	Subtract line 2e from line 1.				3	6,887,184
1		0, Part VIII, line 12, but not on line 1	1.	1		
a		uded on Form 990, Part VIII, line 7b .	-	la	-	
b	Other (Describe in Part XIV)			lb	4-	0
с -	Add lines 4a and 4b	d 45 (This should sound Form 000 Port I			4c 5	6 8 8 7 1 8 4
5 Salah		d 4c. (This should equal Form 990, Part I xpenses per Audited Financial S				6,887,184
1		r audited financial statements			1	6,599,810
2	·	t not on Form 990, Part IX, line 25				, ,
а	Donated services and use of fa		.	2a		
b	Prior year adjustments		. 🖯	2b	1	
c	Losses reported on Form 990,	Part IX, line 25	.	2c	1	
d	Other (Describe in Part XIV)		.	2d	1	
e	Add lines 2a through 2d				2e	0
3					3	6,599,810
1	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	.	4a		
ь	Other (Describe in Part XIV)		. [4b		
c	Add lines 4a and 4b				4c	0
5	Total expenses Add lines 3 ar	nd 4c. (This should equal Form 990, Part :	I, lıne	18)	5	6,599,810
Part	XIV Supplemental Inf	ormation				
		scriptions required for Part II, lines 3, 5, a , Part XII, lines 2d and 4b, and Part XIII,		•	art XIV	, lines 1b and 2b,
	Ident if ier	Return Reference		Explana	tion	

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As Filed Data -

DLN: 93493130018670

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

6.11						Inspection
ame of the organization					Employer iden	tification number
YPRESS HILLS LOCAL DEVE	LOPMENT CORP				11.060066	
					11-2683663	
Part I Fundraising Ac	tivities. Complet	e if the oi	rganızat	ion answered "Yes" t	to Form 990, Part IV	, line 17.
L Indicate whether the orgai	nızatıon raısed funds	through ar	ny of the	following activities Che	eck all that apply	
a Mail solicitations		_		e Solicitation of r	non-government grants	
b Email solicitations			government grants			
c Phone solicitations				g Special fundrais	sing events	
d In-person solicitations	5					
Did the organization have or key employees listed in	Form 990, Part VII) or entity	ın connec	ction with professional f	fundraising activities?	Г Yes Г
b If "Yes," list the ten higher to be compensated at leas						
		(iii) Dıd fundraıser have custody or		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	
(1) Name of males deed						(vi) A mount paid to
CONTRACTOR OF INDIVIDUAL	(i) Name of individual (ii) Activity		•			(or retained by)
or entity (fundraiser)	(ii) Activity	contr	ol of	from activity	fundraiser listed in	1 '
	(ii) Activity	contr contribu		from activity	fundraiser listed in col (i)	organization
	(II) A ctivity			from activity		1
	(II) Activity	contribu	itions?	from activity		1 '
• •	(II) Activity	contribu	itions?	from activity		1 '
	(II) Activity	contribu	itions?	from activity		1
• •	(II) Activity	contribu	itions?	from activity		1 '
• •	(II) Activity	contribu	itions?	from activity		1 '
	(II) Activity	contribu	itions?	from activity		1 '
• •	(II) Activity	contribu	itions?	from activity		1 '
• •	(II) Activity	contribu	itions?	from activity		1 '
• •	(II) Activity	contribu	itions?	from activity		1

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1 dinner (event type)	(b) Event #2	(c) O ther Events (total number)	(d) To (Add col		
Φ	1		174,098	, , , ,	(total number)	+	17	4,098
Revenue	2	Gross receipts	155,684			1		5,684
ě	3	Gross revenue (line 1 minus line 2)	18,414				1	8,414
	4	Cash Prizes						
ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
ற ர	7	Other direct expenses	22,733	3				2,733
Direct	8	Direct expense summary Add lin	_					2,733
	9	Net income summary Combine li						4,319
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	า
Reveitue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
<u>~</u>	1	Gross revenue						
မ	2	Cash prizes						
Expenses	3	Non-cash prizes						
ភ្	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	│ Yes	┌ Yes <u> </u>	│ Yes% │ No			
	7	Direct expense summary Add line	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	ımn (d)				
9	-			LL.			Yes	No
a		er the state(s) in which the organiza he organization licensed to operate				. 9a		
b	If"I	No," Explain						
10a b		re any of the organization's gaming l Yes," Explain	licenses revoked, suspen	ded or terminated during	g the tax year?	10a	+	_
						_		
11		es the organization operate gaming a	activities with nonmembe	rs?		11		
12	Is t	he organization a grantor, beneficia	ry or trustee of a trust or	a member of a partners	nip or other entity			
	torn	ned to administer charitable gaming				. 12		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide 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?	15a	
Ь	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		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

ROCESS

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization
CYPRESS HILLS LOCAL DEVELOPMENT CORP

Employer identification number

11-2683663

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		The following board members have a family relationship a)Roger and Patricia Turner b) Michael and Lamont Lawes

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		MANAGEMENT REVIEWS THE 990 TO OBTAIN AN UNDERSTANDING OF THE REPORTING REQUIREMENTS AND TO ENSURE IT IS ACCURATE AND COMPLETE SUBSEQUENTLY, A COPY OF THE DRAFT 990 IS PROVIDED TO THE AUDIT COMMITTEE REVIEW THE AUDIT COMMITTEE WILL MEET WITH MANAGEMENT TO DISCUSS THE 990 AND RESOLVE ANY QUESTIONS THAT MAY ARISE THE DRAFT 990 WILL THEN BE DISTRIBUTED TO THE BOARD FOR REVIEW AND APPROVAL UPON APPROVAL FROM THE BOARD, THE 990 WILL BE FILED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		BOARD MEMBERS, OFFICERS AND EMPLOYEES REPORT ANNUALLY IF A CONFLICT OF INTEREST EXISTS IF A CONFLICT APPEARS TO EXIST, MANAGEMENT AND THE BOARD WILL MEET THE INDIVIDUAL TO OBTAIN ALL THE FACTS SUBSEQUENTLY, A VOTE WILL ENSUE IF THE MATTER IS INDEED A CONFLICT OF INTEREST IF IT IS FOUND TO BE A CONFLICT OF INTEREST, THE INDIVIDUAL WITH THE CONFLICT OF INTEREST MUST REFRAIN FROM PARTICIPATING IN THE DELIBERATION AND DECISION MAKING CONCERNING THE MATTER THAT GAVE RISE TO THE CONFLICT

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE BOARD COMPARES THE SALARIES OF ITS OFFICERS TO THOSE OF OTHER ORGANIZATIONS OF SIMILAR SIZE WITHIN THE SAME INDUSTRY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
Schedule A, Part II, Line 10	Explanation for Other Income	OTHER REVENUE Gross revenues from special events

DLN: 93493130018670

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

2008 OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

CYPRESS HILLS LOCAL DEVELOPMENT CORP					•		
Part I Identification of Disregarded Entities				11-26	83663		
(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	
Part II Identification of Related Tax-Exempt Organiz	ations						
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (stat or foreign country)	Exempt Code se	ection Public (if sec	(E) charity status tion 501(c)(3))	(F) Direct controlling entity	
ARLINGTON APARTMENTS HOUSING DEVELOPMENT FUND CORPORATION 625 JAMAICA AVE BROOKLYN, NY11208 11-3166122	Provide affordable residential apartments for low income families	NY	501(c)(3)	7		N/A	
Cypress Hills Community School Development Corporation Inc 625 JAMAICA AVE BROOKLYN, NY11208 80-0003810	Development of a local school facility	NY NY	501(c)(3)	7		N/A	
Cypress Homes Housing Development Fund Corporation 625 JAMAICA AVE BROOKLYN, NY11208 11-3440887	Provide affordable HOME OWNERSHIP for low income families	NY	501(c)(3)	7		N/A	
Cypress West Housing Development Fund Corporation 625 JAMAICA AVE BROOKLYN, NY11208 11-3294777	Provide affordable residential apartments for low income families	NY	501(c)(3)	7		N/A	
Glenmore Gardens Housing Development Fund Corporation 625 JAMAICA AVE bROOKLYN, NY11208 26-0354442	Develop Affordable homeownership for low income families	NY	501(c)(3)	7		N/A	

(A) Name, address, and EIN of related organization	(B) Primary acti	vity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(F Disprop allocat	ortionate	Code V—UB. on Box 20 o		(J) Genera manag partna	al or ging
								Yes	No			Yes	No
				•									
Part IV Identification of Re	lated Orga	nizations	Taxable	as a Corporation	or Trust								
(A) Name, address, and EIN of related org	anızatıon	(B) Primary activ	rity	(C) Legal domicile (state or	(D) Direct controlling entity	(E) Type of entity (C corp, S corp,	(F) Share of total incom	ie	Sha end-o		(F Perce owne	ntage	
				foreign country)		or trust)			ass	ets			
CYPRESS COURT HOUSING CORPORATION 625 JAMAICA AVE BROOKLYN, NY11208 11-3317812		RENTAL		NY	N/A	С	4,90	63		53,773	100 0	00 %	
CYPRESS CORNERS HOUSING CORPORTATION 625 JAMAICA AVE BROOKLYN, NY11208 03-0385879	V	RENTAL		NY	N/A	С	1,9	37		51,570	100 0	00 %	
CYPRESS PLAZA GROUP HOUSING DEVELOPME CORPORATION 625 JAMAICA AVE BROOKLYN, NY11208 20-5520783	ENT FUND	RENTAL		NY	N/A	С	1,9	82		56,800	100 0	00 %	
Cypress Hills Housing Corporation 625 JAMAICA AVE BROOKLYN, NY11208 11-3044455		RENTAL		NY	N/A	С	1,9	32		11,274	100 0	00 %	

Part V	Transactions	with	Related	Organizations
raitv	Halisactions	AAICII	IXC I G L C G	OI gainzations

Part V Transactions with Related Organizations								
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No				
f 1 During the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV?							
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No				
b Gift, grant, or capital contribution to other organization(s)		1b		No				
c Gift, grant, or capital contribution from other organization(s)		1c		No				
d Loans or loan guarantees to or for other organization(s)		1d	Yes					
e Loans or loan guarantees by other organization(s)								
f Sale of assets to other organization(s)		1f		No				
g Purchase of assets from other organization(s)		1 g		No				
h Exchange of assets		1h		No				
i Lease of facilities, equipment, or other assets to other organization(s)		11		No				
j Lease of facilities, equipment, or other assets from other organization(s)		1j		No				
k Performance of services or membership or fundraising solicitations for other organizat	rion(s)	1k		No				
I Performance of services or membership or fundraising solicitations by other organizati	on(s)	11		No				
m Sharing of facilities, equipment, mailing lists, or other assets		1m		No				
n Sharing of paid employees		<u>1n</u>		No				
• Reimbursement paid to other organization for expenses		10		No				
p Reimbursement paid by other organization for expenses		1p		No				
q O ther transfer of cash or property to other organization(s)		1q		No				
r Other transfer of cash or property from other organization(s)		1r		No				
2 If the answer to any of the above is "Yes," see the instructions for information on who i	must complete this line, including covered relationships and	 transaction thresholds						
(A) Name of other organization(s)	(B) Transaction	(C) Amount Involved						
	type(a-r)	Amount involved						
(1) Cypress Homes Housing Development Fund Corporation	D	1	,474,390)				
(2) Glenmore Gardens Housing Development Fund Corporation	D		74,949)				

Name of other organization(s)	Transaction type(a-r)	Amount Involved
(1) Cypress Homes Housing Development Fund Corporation	D	1,474,390
(2) Glenmore Gardens Housing Development Fund Corporation	D	74,949
(3)		
(4)		
(5)		
(6)		
		Schodule B / Form 000\ 2006

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Sabadula	D / Form			