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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)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	For the	2009 calend	lar year, o	or tax year begi	nning	Jul 1	, 2	:009,	and endin	g Jun	30		,2010				
В	Check if a	applicable		C Name of organ	zation						D Employ	er Iden	tification Numb	ber			
	Addr	ess change	Please use IRS label	HISTORIC I	TOWNO	OWN SPE	CIAL IMPRO	VEN	MENT DIS	STRICT	22-	3568	902				
	Nam	e change	or print or type.				is not delivered to stre				E Telepho						
	H	al return	See specific	317 GROVE	STRI	EET					(20	1) 5	47-3554	1			
	H	nination	Instruc- tions.	City, town or co				State	ZIP code + 4		(20	<u> </u>	747 3334				
	\blacksquare	1	uons.	JERSEY CI					07302		C 0		. 264	707			
	H	nded return	E Name a	and address of princip		-	<u></u>	NJ_		H(a) Is this	G Gross r			"			
	∐ Appl	ication pending						. -		H(b) Are all			illiates,	Yes	X No		
_							ERSEY CITY		07302		attach a list		structions)	Yes	∐ No		
÷		exempt status		(c) (b)	(inse	rt no.)	4947(a)(1) o	r	527			_					
<u>J</u>		site: ► N/		<u> </u>	_			Τ.		H(c) Group exemption number							
K		f organization	X Corpora	ation Trust	Asso	ciation 0	ther >	<u> L Y</u>	ear of Format	ion 199	3 M s	State of	legal domicile	NJ			
Pa	řť¶*	Summa								-							
	1 B	Briefly describ	oe the org	janization's miss	sion or	most signifi	icant activities:	EN	HANCE EC	ONOMIC	CLIMATI	<u>IN</u>	BUSINESS	DIS'	<u> TRIC</u> T		
9	_																
Governance	_																
PeT.	_							:		- <i></i>							
õ							operations or d		sed of more	e than 25°	% of its as		1.0				
જ			_	bers of the gove	_	• •	•		L	• •	•		12 12				
e e				yees (Part V, Iir		e governing	body (Part VI, I	iiie i	U)			5	12				
Activities &				eers (estimate if	-	sarv)		•			•	6	12				
Act							olumn (C), ine 12	2		•		7 a	-		0.		
				taxable income				_		•• •		7 b					
		iot aim ciatea	545111655	taxable income		01111 330 1,				Т.			0				
	8 C	`antributions	and aran	to (Part VIII line	16)						rior Year	167	Curre				
9			_	ts (Part VIII, line				•			154,7 172,8				000.		
Revenue	9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)										775.			252. 535.			
å			-	II, column (A), I			•			-		175.			333.		
							•	June	12)		328,3	348	3	364	787.		
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 328, 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)										740.		,,,	,,,,			
•		14 Benefits paid to or for members (Part IX, column (A), line 4)															
É										22 (203		26	600			
69	ŀ									22,803.			36,	<u>690.</u>			
Expenses			ressional fundraising fees (Part IX, column (A), line 11e)									****					
ំ និ	ЬΤ	Total fundraising expenses (Part IX, column (D), line 25CEIVED 0.								y ,		Aces ³	*				
	17 C	Other expenses (Part IX, column (A), lines			ınes 11	es 11a-11d, 11f-240					241,279		2	256,	305.		
	18 T	otal expense	es. Add lir	nes 13-17 (must	equal	Part IX, cpi	umn/(A), dine 25	001			264,0	082.	2	292,	995.		
	19 F	Revenue less	expenses	s. Subtract line	18 from	i line 12	11 25 COII	က်			64,2	266.		71,	792.		
10 8 8					1			뜨		Begir	nning of Y	'ear	End o	of Yea	ar		
Net Assets or Fund Balance	20 T	otal assets (Part X. In	ne 16) .		OGL	DEN, UT				208,1				007.		
ěğ.	l	otal liabilitie		•	. —						26,6	_			741.		
\$5	22 N	let assets or	fund hala	ances Subtract	line 21	from line 2	n				181,4		2	•	266.		
Pa	rt II		re Blo			HOITI IIIC Z	<u> </u>		·		101,	1/1.		.55,	200.		
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		true, correct, a	ing complete	Declaration of prep	arer (other	er than officer)	icluding accompanying is based on all inform	iation	of which prepa	arer has any	knowledge	or my kii	towledge and p	енет, п	15		
Sig	ın	 	' (,	IV						- 1	ے <u>ہ</u>	9-1	1				
He	re	Signature	of officer							L Da	ite	•					
		► N	lima N	di Kora	SUCCE	,											
		Type or pr	int name an		30-67								· · · · ·				
								1	Date			ΤP	reparer's identi	ifvina n	umber		
Pa	id							- 1	J	se	heck if elf-		reparer's identi see instructions	s)			
Pro		Preparer's signature	▶ 0m=	UDN DOTNO	n 17 17 14 1			۱.	11 /0 6 /1		mployed P	\Box					
	rer's	<u> </u>		VEN WEINS					01/26/1	<u> </u>							
Üs	e	Firm's name (of yours if self-		NSTEIN & V		STEIN C	.P.A.'S										
Or	ıly	employed), ► 1086 TEANECK RD							E	IN ►							
		ZIP + 4		NECK				<u> 766</u>	6-4854	P	hone no	(20		866	6		
Ma	y the IR	S discuss the	ıs return v	with the prepare	r showr	n above? (s	ee instructions)						X Yes		No		

Form	990 (2009) HISTORIC DOWNTOWN SPECIAL IMPROVEMENT DISTRICT	<u> 22-3568902</u>	Page 2
Par	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	ENHANCE ECONOMIC CLIMATE IN BUSINESS DISTRICT		
2	Did the organization undertake any significant program services during the year which were not listed on the pr		— .
	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 exempt purpose achievements for each of the organization's three largest program services by ex	penses, Section 501	(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations	ations to others, the	total
	expenses, and revenue, if any, for each program service reported.		
			
Δa	(Code.) (Expenses \$ 258,373. including grants of \$ 0.) (Reve	enue \$	0.)
7.			
	SAFETY AND MAINTENANNCE OF SPECIAL IMPROVEMENT HAS BEEN IMPROVED. THIS IMPROVES OVERALL BU	PINESS CRIMATE IN	THE AREA.
			
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41	o (Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
			
		·	
			-
		·	- -
			
			-
			
		 _	
40	(Code:) (Expenses \$ including grants of \$) (Reve	enue Ş)
		. – – – – – – –	
		. – – – – – – –	
		 -	
			
			-
		· 	-
4	d Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4	e Total program service expenses ► 258, 373.		
_			

			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		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	.3		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
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		x
6	Did the organization maintain any donor advised funds or any similar funds or 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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>x</u>
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		v
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		<u>x</u>
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			, i
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			24.3.
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.			
	 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? If Yes, 'complete Schedule D, Part X 			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12	х	
12	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X			,
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		<u>x</u>
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		<u>x</u>
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		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I.	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>x</u>

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		X
24 :	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		x
ŧ	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		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 :	a 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		
(b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> X</u>
ı	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u> </u>
(c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29		29		$\frac{x}{x}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
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		х
35		35		<u>x</u> _
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		_x_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
		_		

BAA

Form 990 (2009)

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. 4 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ... Х 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 a Х b 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 Х **b** 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? ... 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a Х b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c X d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? Х 7 g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Х Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? . 9a b Did the organization make any distribution to a donor, donor advisor, or related person? 9<u>b</u> 10 Section 501(c)(7) organizations. Enter: 10 a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter-Ž, a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes.' enter the amount of tax-exempt interest received or accrued during the year 12b

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Form 990 (2009)

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

Sec	ction A. Governing Bod	y and Managemer	ıt			, "			
								Yes	No
1 a	a Enter the number of voting me	embers of the governing	body		1a	12	/ `		
ì	b Enter the number of voting me	embers that are indeper	ndent		. 1b	12			
2	2 Did any officer, director, truste officer, director, trustee or key	e, or key employee have employee?	ve a family relatio	nship or a busines	s relations	thip with any other	2		X
3	B Did the organization delegate of officers, directors or trustee	control over manageme	ent duties customa	arily performed by	or under th	ne direct supervision	3		х
4			_				4		X
	since the prior Form 990 was								
5	Did the organization become a	aware during the year o	f a material divers	sion of the organiza	ation's ass	ets?	5		Х
6	,						6	Х	
7 :	a Does the organization have m	embers, stockholders,	or other persons v	vho may elect one	or more m	nembers of the	7a		x
ı	b Are any decisions of the govern	rning body subject to a	proval by membe	ers, stockholders, o	r other pe	rsons?	7 b		X
8	B Did the organization contempo	oraneously document th	ne meetings held o	or written actions u	ndertaken	during the year by	5 pm.		,
	a The governing body?						8a	Х	
	b Each committee with authority	to act on behalf of the	governing body?				8b	Х	
	Is there any officer, director or organization's mailing address	r trustee, or kev employ	ee listed in Part \	/II, Section A, who	cannot be	e reached at the	9		x
Sec	ection B. Policies (This					ured by the Interna			
	venue Code.)	·		·					
	-							Yes	No
10	a Does the organization have lo	cal chapters, branches	, or affiliates? .			•	10a		X
١	b If 'Yes,' does the organization and branches to ensure their	have written policies a operations are consiste	nd procedures governt with those of the	verning the activition or service the community of the co	es of such	chapters, affiliates,	10Ь		
11	I Has the organization provided	a copy of this Form 99	0 to all members	of its governing bo	dy before	filing the form?	11	X	
11.	ADescribe in Schedule O the pr	rocess, if any, used by	the organization to	review this Form	990.		17.11%	2	, 57×
	2a Does the organization have a		-	-			12a		X
	b Are officers, directors or trusto to conflicts?					•	12b		
•	c Does the organization regular Schedule O how this is done	ly and consistently mor	nitor and enforce o	compliance with the	e policy? If	f 'Yes,' describe in	12c		
13	3 Does the organization have a	•	-				13		X
14	5						14		X
15	5 Did the process for determining persons, comparability data, a	ng compensation of the and contemporaneous :	following persons substantiation of th	include a review a ne deliberation and	and approv I decision?	yal by independent	555 F		
,	a The organization's CEO, Exec	utive Director, or top m	nanagement officia	al			15 a	Х	<u></u>
	b Other officers of key employed	-	· · · ·		•	• •	15 b	Х	<u> </u>
	If 'Yes' to line 15a or 15b, des	scribe the process in So	chedule O. (See in	structions.)			~ " ,		
16	5 a Did the organization invest in, entity during the year?	contribute assets to, o	r participate in a j	oint venture or sim	-	gement with a taxable	16a		X
	b If 'Yes,' has the organization a in joint venture arrangements status with respect to such ar	adopted a written policy under applicable feder rangements?	or procedure req al tax law, and tal	uiring the organiza ken steps to safegi	ition to eva uard the or	aluate its participation ganization's exempt	16b		
Sec	ection C. Disclosures				<u> </u>		1 100	<u> </u>	<u> </u>
17		opy of this Form 990 is	required to be file	d ► New Jer	sey	·			
18	Section 6104 requires an organispection. Indicate how you in Own website	anization to make its Fo	orms 1023 (or 102	4 if applicable), 99 y.					
10		•		·		namiliar of interest of		£	1
19	statements available to the pu	ublic.	-	•	·	•			iai
20	O State the name, physical addi			n who possesses t ERSEY_CITY	he books a <u>NJ</u> _	-	izatior (<u>01</u>)_		3 <u>554</u>

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. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee										
(A)	(B) (c)							(D)	(E)	(F)
Name and Title	Average hours		_					Reportable compensation from	Reportable	Estimated amount of other
	per week	adivid al trassee or director	anstitutional trustee	Officer	Key employee	Higt est compensated employee	Forner	the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
JOHN REICHART										
279 GROVE STREET	3.00			Х				0.	0.	0.
JERRY BLANKMAN										
172 NEWARK AVE	3.00			Х	_			0.	0.	0.
JELYNNE JARDINO										
140 NEWARK AVE	3.00			Х	ļ		_	0.	0.	0.
EDWIN_CRUZ										
152 NEWARK AVENUE	3.00			X				0.	0.	0.
MARTIN_SIEGEL								_		
127 NEWARK AVE.	2.00		X					0.	0.	0.
PETE KLAPPER										_
130 NEWARK AVE	2.00		Х	-		-	_	0.	0.	0.
STEVE KALCANIDES										_
183 NEWARK AVE	2.00		Х				-	0.	0.	<u> </u>
NIMA NILLI	2 00									•
317 GROVE STREET	2.00		X				-	0.	0.	0.
RAJESH MENON 214 NEWARK AVE	2.00		x			i			_	0
ZI4 NEWARR AVE	2.00		┢		-		┢	0.	0.	0.
	*									
		-								

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	En	ıplo	oye	es,	an	d Highest Con	npensated E	mployees (cont.)
(A)	(B) Average	Posi	tion (•	c)	hat a	nnha	(D)	(E)	(F)
Name and Title	hours per week	_	Institutional trustee	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fron related organization (W-2/1099-MISC)	m amount of other compensation from the organization and related organizations
	-									
								_		
							_			
					ļ					
1 b Total		ļ ,					•			
2 Total number of individuals (including but not limited			••	• •	•			0.	22 2	0. 0.
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in: 4 For any individual listed on line 1a, is the sum of rec	or truste	e, ke	ey e	mple	oyee	e, or	higi	hest compensated	l employee 	Yes No
the organization and related organizations greater the individual			• • •	• • •		•	•			4 X
Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Scholarity Section B. Independent Contractors	mpensa edule J	tion for s	fror <i>uch</i>	n ar <i>per</i> :	ny ui son .			organization for s	services	5 X
Complete this table for your five highest compensate compensation from the organization.	d indep	ende	ent c	ontr	acto	ors t	hat	received more tha	n \$100,000 of	· · · · · · · · · · · · · · · · · · ·
(A) Name and business addres	s							(B) Description of) of Services	(C) Compensation
			_			-				
2 Total number of independent contractors (including t \$100,000 in compensation from the organization ►	out not li	mite	d to	tho	se i	stec	abo	ove) who received	more than	Section 5

Pai	t`VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a 0. b Membership dues 1b 0. c Fundraising events 1c 0. d Related organizations 1d 0. e Government grants (contributions) 1e 160,000. f All other contributions, gifts, grants, and similar amounts not included above 1f 0. g Noncash contribns included in lns 1a-1f: \$ 0.		,		
	h Total. Add lines 1a-1f	160,000.			
Ş	Business Code				
E	2a SPECIAL IMPROVEMENT DISTRICT ASSESSMEN 561499	160,007.	160,007.	0.	0.
2	b SPONSORSHIP FEES 541800	44,245.	44,245.	0.	0.
PROGRAM SERVICE REVENUE	c				
ő	f All other program service revenue				
-	g Total. Add lines 2a-2f	204,252.	` "	*	
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	535.	0.	0.	535.
	-	86 4.5 ×2 ⁶ 1		. 5.,	'.'\$\tau \cdot \cd
				,	, 3, , , 3
	b Less: rental expenses	Ar w	~ ##		*
	C Horitan Moorile of (1885)		~ 49 <u>6</u> ,		
	d Net rental income or (loss) ▶				
	assets other than inventory	v		`. }	* '*
	b Less: cost or other basis and sales expenses c Gain or (loss)	* ****		٠ .	<i>↔ ∀1</i> , ,
	` ' <u> </u>	×	<u> </u>		
	d Net gain or (loss) .				
OTHER REVENUE	8a Gross income from fundraising events (not including \$	Maria Service Control of the Control	* 1	3,	
RE			**		
监		<i>^</i>	***		* 1
5	b Less: direct expenses b				
	c Net income or (loss) from fundraising events > 9a Gross income from gaming activities. See Part IV, line 19 a	1	119		
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities		· · · · · · · · · · · · · · · · · · ·	***************************************	
				· · · · · · · · · · · · · · · · · · ·	- <u>- </u>
	10a Gross sales of inventory, less returns and allowances a	•	2/	,	×
	b Less: cost of goods sold b		· · · · · · · · · · · · · · · · · · ·	~	
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code	······································			5.4
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	364,787.	204,252.	0.	535.

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 1 6b, 2	not include amounts reported on lines 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 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			· //	`
	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	32,915.	23,040.	9,875.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,775.	2,643.	1,132.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management .	51,634.	36,144.	15,490.	0.
b	Legal	1,336.	935.	401.	0.
c	: Accounting .	11,281.	7,897.	3,384.	0.
d	Lobbying	,			
	Prof fundraising svcs. See Part IV, In 17		<i>i y</i>	9.5	
	Investment management fees				
	Other				
-	Advertising and promotion				· · · · · · · · · · · · · · · · · · ·
	Office expenses .	2,025.	1,418.	607.	0.
14	Information technology				
15	Royalties				
16	Occupancy				
17			—.···		
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates			·	
22	Depreciation, depletion, and amortization	334.	0.	334.	0.
23	Insurance				
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.)				
9	INSURANCE	3,694.	2,586.	1,108.	0.
	SPECIAL/EVENTS MARKETING	33,377.	33,377.	0.	0.
	DISTRICT MAINTENANCE	98,442.	98,442.	0.	0.
	HOLIDAY LIGHTS	13,343.	13,343.	0.	0.
	COOPERATIVE ADVERTISING	17,192.	17,192.	0.	0.
	All other expenses	23,647.	21,356.	2,291.	0.
	Total functional expenses. Add lines 1 through 24f	292,995.	258,373.	34,622.	0.
26		2321333.	230,373.	34,022.	<u> </u>
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

\neg					(A) Beginning of year		(B) End of year		
ĺ	1	Cash — non-interest-bearing			28,100.	1	19,810		
	2	Savings and temporary cash investments			106,262.	2	181,797		
	3	Pledges and grants receivable, net			66,331.	3	64,076		
	4	Accounts receivable, net			852.	4	4,127		
	5	Receivables from current and former officers, directors and highest compensated employees Complete Part I	s, truste I of Sci	ees, key employees, nedule L		5			
	6	Receivables from other disqualified persons (as define	d unde	r section 4958(f)(1))		*			
.		and persons described in section 4958(c)(3)(B) Comp	lete Pa	rt II of Schedule L		6			
SSET	7	Notes and loans receivable, net .				7			
È	8	Inventories for sale or use				8			
\$	9	Prepaid expenses and deferred charges			6,615.	9	825		
	10a	Land, buildings, and equipment, cost or other basis .	10a	3,316.	1 t 153,	, the	2+1		
		Complete Part VI of Schedule D				. "L", .	San		
	b	Less: accumulated depreciation	10Ь	3,094.	0.	10 c	222		
	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			0.	14	1,150		
	15	Other assets. See Part IV, line 11				15			
-	16	Total assets Add lines 1 through 15 (must equal line	34)		208,160.	16	272,007		
1	17	Accounts payable and accrued expenses	26,686.	17	18,741				
1	18	Grants payable		,	18				
1	19	Deferred revenue	d revenue						
ㅏ	20	Tax-exempt bond liabilities			20				
À B	21	Escrow or custodial account liability. Complete Part IV	V of Sc	hedule D .		21			
Ļ	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal compensation.				, \$			
<u> </u>		of Schedule L				22			
E S	23	Secured mortgages and notes payable to unrelated the	ird part	es		23			
	24	Unsecured notes and loans payable to unrelated third	parties			24			
-	25	Other liabilities Complete Part X of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25			26,686.	26	18,741		
NET		Organizations that follow SFAS 117, check here ► 27 through 29 and lines 33 and 34.	X ar	d complete lines					
A	27	Unrestricted net assets			181,474.	27	253,266		
Ę	28	Temporarily restricted net assets				28			
Ę S	29	Permanently restricted net assets				29			
R F.		Organizations that do not follow SFAS 117, check he lines 30 through 34.		and complete					
	30	Capital stock or trust principal, or current funds			the state of the s	30	22.20.20.20.20.20.20.20.20.20.20.20.20.2		
- 1	31	Paid-in or capital surplus, or land, building, and equip	ment fi	ınd		31			
<u>רְ</u>	32	Retained earnings, endowment, accumulated income,				32			
BALANCES		Total not associate or found belonges			181,474.	33	253,266		
Ē	34	Total liabilities and net assets/fund balances		· · ·	208,160.	34	272,007		

			Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			,	,
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .	. [2a		X
b Were the organization's financial statements audited by an independent accountant?	. [2 b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ne audit,	2 c	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	,		Ž., .	` .
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue consolidated basis, separate basis, or both:	ed on a	F 7 7	* ,	
X Separate basis Consolidated basis Both consolidated and separate basis	[.]			<u></u>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	Single	3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired audit	3ь		

BAA

Form 990 (2009)

WEINSTEIN & WEINSTEIN C.P.A.'S 1086 TEANECK RD TEANECK, NJ 07666-4854 (201) 833-8666

HISTORIC DOWNTOWN SPECIAL IMPROVEMENT DISTRICT 317 GROVE STREET JERSEY CITY, NJ 07302

Dear Client,

Enclosed is the 2009 U.S. Form 990, Return of Organization Exempt from Income Tax, for HISTORIC DOWNTOWN SPECIAL IMPROVEMENT DISTRICT for the tax year ending June 30, 2010.

The return should be signed and dated by an authorized officer or fiduciary and mailed on or before February 15, 2011 to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not be sitate to call.

Sincerely

STEVEN WEINSTEIN

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer Identification number HISTORIC DOWNTOWN SPECIAL IMPROVEMENT DISTRICT 22-3568902 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 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 for any other purpose conferring impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements . . 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ... 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 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. 1a 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. b 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 (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: a Revenues included in Form 990, Part VIII, line 1.

b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 HISTO						2-3568			Page 2
Partill Organizations Mainta	ining Collecti	ons of Art, Histo	rical Treasu	res, or	Other Simil	ar Asse	ts (co	<u> Intinu</u>	<u>ed)</u>
 Using the organization's acquisition items (check all that apply). 	on accession and	other records, check	any of the follo	owing that	are a signific	ant use of	its col	lection	
a Public exhibition		_	or exchange pro	grams					
b Scholarly research		e 🔃 Other							
c Preservation for future genera									
4 Provide a description of the organ Part XIV.		·	•	•	·	ourpose ir	1		
5 During the year, did the organizat assets to be sold to raise funds ra							Yes		No
Part Escrow and Custodia 9, or reported an amo	I Arrangement unt on Form S	i ts Complete if o 990, Part X, line	rganization a 21.	answere	d 'Yes' to F	orm 99	0, Paı 	't IV, I	ine
1 a Is the organization an agent, trust included on Form 990, Part X?				or other a	assets not	. [Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and c	complete the following	table:						
_					ļ	<i></i>	Amount		
c Beginning balance	• •	•• • ••		• •	1c				
• -	• • • • • • • • • • • • • • • • • • • •		• • • •	• • •	. 1d				
e Distributions during the year		• • • • • • • • • • • • • • • • • • • •	• • • • •	• •	1e				
f Ending balance				• •	1f		٦		┪,,
2a Did the organization include an ai		90, Part X, line 21?	• • • •			L	_ Yes	L	_ No
b If 'Yes,' explain the arrangement		nizotion oncurar	ad Waat to E	0.00C	N Dort IV I	10			
Part V Endowment Funds Co							(-) [
4. Common of war halons	(a) Current yea	r (b) Prior year		years back	(d) Three y		(e) I	our years	
1 a Beginning of year balance .				- 36.		<u> </u>		10000000000000000000000000000000000000	
b Contributions	-			- 13 - 13 - 13 - 13 - 13 - 13 - 13 - 13				W. F. E.	
c Net Investment earnings, gains, and losses					3				
d Grants or scholarships				100		78)			
e Other expenditures for facilities and programs								- T	r-t-
f Administrative expenses									
g End of year balance			- 33%a				L	S	
2 Provide the estimated percentage	of the year end	balance held as:							
a Board designated or quasi-endow	/ment ►	%							
b Permanent endowment ►	 &								
c Term endowment ►	%								
3a Are there endowment funds not in	n the possession	of the organization th	nat are held and	d administ	ered for the		_		
organization by:	•	-						Yes	No
(i) unrelated organizations .			• • • • • • • • • • • • • • • • • • • •				3a(i)		
(ii) related organizations			• • • • • • • • • • • • • • • • • • • •			• • •	3a(ii)		
b If 'Yes' to 3a(II), are the related o	_	·					3b		
4 Describe in Part XIV the intended				5					
PantVII Investments—Land, B									
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or o basis (other	other er)	(c) Accumul Depreciati		(d) E	300k Va 	ilue
1a Land	· · · · · · · · · · · ·								
b Buildings	· · · _								
c Leasehold improvements									
d Equipment		3,316.		0.	3	094.			222.
e Other									
Total. Add lines 1a through 1e (Columi	n (d) must equal	Form 990, Part X, co	lumn (B), line 1	10(c).)	<u> </u>				222.
BAA						Sched	ule D (F	orm 99	90) 2009

Schedule D (Form 990) 2009	HISTORIC DOWNTOWN SI	PECIAL IMPROVEMEN	T DISTRICT 22-35	68902 Page 3
Part VII I	nvestments-	-Other Securities See Fo	orm 990, Part X, line	e 12.	
(а) Description of (including na	security or category me of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	uation arket value
Financial deri				334 S. G.	
Closely-held	equity interests				
Other					
					
	- 				
	- 				
	- 		1		
			1		
			· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·		
Total. (Column	(b) must equal Form	990 Part X, col. (B) line 12.)			
		-Program Related (See	Form 990 Part X Ju	ne 13)	<u> </u>
		of investment type	(b) Book value	(c) Method of value	intion
	(a) Description (or investment type	(b) book value	Cost or end-of-year ma	arket value
	<u> </u>				
	-				
		·····			······································
		· · · · · · · · · · · · · · · · · · ·			
Total (Column)	h) must equal Form	990, Part X, Col. (B) line 13)		and the second	7
Part IX	Other Assets	(See Form 990, Part X,		<u> </u>	· · · · · · · · · · · · · · · · · · ·
	71.101 71.5561.5		escription		(b) Book value
		(a) Do	зсприон		(b) Book value
					
			· · · · · · · · · · · · · · · · · · ·		
			·		
			 		
					
T.1-1 (0-1)		15 000 5 4 4 4 5 1			
		al Form 990, Part X, col.(B), lii			
Part X (ies (See Form 990, Part			
		ption of Liability	(b) Amount	*	`
Federal Incor	ne Taxes				. 1 Ty Thu
					, , , , ,
					* * * * * * * * * * * * * * * * * * * *
					A STATE OF THE STA
				·, ·	• •
					,
					,
				* *	,
Total. (Column ('b) must equal Form	990, Part X, col. (B) line 25)			. , 0 &
. ,				financial statements that reports the	

	edule D (Form 990) 2009 HISTORIC DOWNTOWN SPECIAL IMPROVEMENT DISTRICT	22-3568902	Page 4
1			364,787.
2	Total expenses (Form 990, Part IX, column (A), line 25)		292,995.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	: 	71,792.
4	Net unrealized gains (losses) on investments		717.32.
5	Donated services and use of facilities		
6	Investment expenses	·	
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		71,792.
	**************************************	r Return	11,152.
1		1	
2			
_	a Net unrealized gains on investments		
	b Donated services and use of facilities		
	c Recoveries of prior year grants		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2 e	
3		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	12.88	
7	a Investments expenses not included on Form 990, Part VIII, line 7b 4a		
	b Other (Describe in Part XIV) 4b		
	c Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	rtXIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	5822	
	a Donated services and use of facilities	[
	b Prior year adjustments		
	c Other losses		
	d Other (Describe in Part XIV)	[
	e Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	8423	
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	. 5	
	rt XIV Supplemental Information	<u> </u>	
line	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part I 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this rmation.	V, lines 1b and 2b part to provide any	; Part V, additional
			
			
			

TEEA3304 02/02/10

Schedule **D** (Form 990) 2009

BAA

Schedule D (Form 990) 2009	HISTORIC DOWNTOWN SPECIAL IMPROVEMENT DISTRICT Information (continued)	22-3568902	_ Page 5
PartXIV Supplementa	Information (continued)		
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

<u>HISTORIC</u>	DOWNTO	<u>NWC</u>	SPECIAL IMPROVEMENT DISTRICT	22-3568902
Pt_VI-B,	Line 1	<u>11A</u>	THE BOARD MEMBERS REVIEW THE FORM 990 AS A WHOL	LE
			BEFORE FILING.	
Pt_VI-C,	<u>Line 1</u>	19_	POLICIES ARE REVIEWABLE UPON REQUEST.	
Pt_VI-B,	<u>Line 1</u>	15_	THE BOARD MEMBERS DISCUSS COMPENSATION ISSUES A	AND ARRANGEMENTS
		-	AT MONTHLY BOARD MEETINGS.	
Pt_VI-B,	<u>Line 1</u>	12c	A WRITTEN POLICY DOES NOT EXIST. EACH MONTHLY E	BOARD MEETING THE
-			TRUSTEES DISCLOSE ANY CONFLICTS OR OTHER ISSUES RE	GARDING THE ORGANIZATION.
Pt_VI-A,	Line 6	6	THE TRUSTEES ARE BOARD MEMBERS.	
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Form 4562

20 a Class life

b 12-year .

c 40-vear

Part IV Summary (See instructions.)
21 Listed property. Enter amount from line 28

Department of the Treasury Internal Revenue Service (99

Depreciation and Amortization(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment Sequence No 67

Identifying number HISTORIC DOWNTOWN SPECIAL IMPROVEMENT DISTRICT 22-3568902 Business or activity to which this form relates Form 990 / Form 990EZ Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. \$250,000. Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$800,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. 6 (a) Description of property (b) Cost (business use only) (C) Elected cost . . 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8. 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 278. 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 . . . 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Assets Placed in Service During 2009 Tax Year Using the General Depreciation System Section B -(a) (C) Basis for depreciation (g) Depreciation deduction (b) Month and (d) (e) Convention (f) Method Classification of property year placed in service (husiness/investment use Recovery period only - see instructions) 19a 3-year property 278 **b** 5-year property 5.0 yrs 200 DB 56. c 7-year property d 10-year property e 15-year property f 20-year property 25 <u>yrs</u> g 25-year property S/L h Residential rental 27.5 yrs MM S/L property . . . 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property . . . MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

the appropriate lines of your return Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

MM

12 yrs

40 yrs

S/L

S/L

S/L

21

22

334.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

	Sectio	n A – Deprecia	tion and Othe	er Informa	tion (Ca	ution: S	ee the i	nstru	ictions	for lir	nits for	passen	ger auto	mobiles)	
24 a	Do you have evidence	ce to support the bu	isiness/investme	nt use claime	d?		Yes	\Box	No 2	4b If 'Y	es,' is the	evidence	written?		Yes	No
(a) (b) Type of property (list vehicles first) Type of property (list in service vehicles first) Date placed in service vehicles first veh		(d) Cost or other basis		(busines	(e) Basis for depreciation (business/investment use only)		(f) Recovery period		(g) Method/ Convention		(h) Depreciation deduction		Elected section 179 cost			
25	Special depreci used more than	ation allowance 50% in a quali	for qualified fied business	listed prop use (see i	erty pla nstruction	ced in se ons)	ervice o	durınç	the t	ax yea	r and	25				
26	Property used r	nore than 50%	ın a qualified	business ι	ıse:											
													ļ			
						<u> </u>									<u> </u>	
			<u> </u>										<u> </u>		1	
27	Property used 5	0% or less in a	qualified bus	iness use:		1							T		A SUBTRIBUTE	Palisy-300
—	 										 	-			- ""	
				-		1					+		 			
28	Add amounts in	column (h), lin	es 25 through	27. Enter	here ar	nd on line	e 21. pa	age 1	<u>' </u>			28				
	Add amounts in		_				, ,	- 3						29	1	7 F00000 00 0
				Section I	3 — Info	rmation	on Use	e of \	/ehicle	es						
	plete this section															cles
to yo	ur employees, fi	rst answer the	questions in S	ection C t	o see if	you mee	et an ex	cept	on to	compl	eting th	is section	on for the	ose vehi	cles	
30	Total business/ during the year commuting mile	(do not include		1	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31	Total commuting m	ules driven during t	he year													
32	Total other pers		nuting)													
33	Total miles driv lines 30 through		ear Add													
				_Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty	hours?	1 * 1							-						_
35		or related pers	on?						_			!			_	
36	Is another vehice personal use?	cle available for														
	ver these question	ons to determine		•	_									are no	t more t	han
37	Do you maintai by your employ	n a written polic ees?	cy statement t	hat prohib	its all pe	ersonal u	ıse of v	ehicl	es, in	cluding	comm	utıng,			Yes	No
38	Do vou maintai		cy statement t	hat prohib s used by	its perso	onal use e officer	of vehi	cles,	excer or 1%	ot com	mutina.	by you ers	r			
39	Do you treat all			-												
40	Do you provide vehicles, and re	more than five etain the inform	vehicles to yo	our employ	ees, ob	taın ınfoi	rmation	from	ı your	emplo	yees al	oout the	use of t	he		
41	Do you meet th Note: If your ar	e requirements enswer to 37, 38,														110.3
Pa	rt VI Amort	ization				-								_		NO
		(a) scription of costs		Date an	(b) nortization egins		(c) Amortizat amount				d) de tion	pe	(e) ortization eriod or		(f) Amortization for this year	
42	Amortization of	f costs that beg	ıns durıng yol	 r 2009 tax	year (s	ee instru	uctions))					centage			
				1		1			1			1		1		

43 44

Amortization of costs that began before your 2009 tax year

Total. Add amounts in column (f) See the instructions for where to report

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

					
		th Extension, complete only Part I and check this box			▶ 🗶
		utomatic) 3-Month Extension, complete only Part II (
		eady been granted an automatic 3-month extension o		d Form 8868.	
Parûl	Automatic 3-Month Exte	nsion of Time. Only submit original (no cop	pies needed).		
A corporation	n required to file Form 990-T ar	nd requesting an automatic 6-month extension — chec	k this box and cor	mplete Part I only	/ . ► □
All other cor income tax r	porations (including 1120-C file eturns.	rs), partnerships, REMICS, and trusts must use Form	7004 to request a	n extension of tu	ne to file
returns noted the additional Form 990-T.	d below (6 months for a corpora al (not automatic) 3-month exte Instead, vou must submit the f	electronically file Form 8868 if you want a 3-month a ation required to file Form 990-T). However, you canno nsion or (2) you file Forms 990-BL, 6069, or 8870, gro ully completed and signed page 2 (Part II) of Form 88 n e-file for Charities & Nonprofits.	ot file Form 8868 e	electronically if (1	i) vou want
_	Name of Exempt Organization			Employer Identificat	ion number
Type or print					
File by the	HISTORIC DOWNTOWN Number, street, and room or suite num	SPECIAL IMPROVEMENT DISTRICT ber if a P O box, see instructions.		22-3568902	?
due date for filing your return See	317 GROVE STREET				
instructions.		code For a foreign address, see instructions.		- · · · · · · · · · · · · · · · · · · ·	
	JERSEY CITY			NJ 07:	302
Check type	of return to be filed (file a sepa	rate application for each return):		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
X Form 99	0	Form 990-T (corporation)	Form 472	20	
Form 99	0-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 522	27	
Form 99	0-EZ	Form 990-T (trust other than above)	Form 606	59	
Form 99	0-PF	Form 1041-A	Form 887	0	
Telephor If the org If this is check this the exter I reque until The ex	ne No. \(\bigcup (201) \) \(\bigcup 47 - 355 \) ganization does not have an office of a Group Return, enter the organization will cover use an automatic 3-month (6 mo Feb 15, 20 11, to the consion is for the organization's calendar year 20 or	, 20 <u>09</u> _, and ending <u>Jun_30</u> , 20	is box		mbers
3a If this a nonrefu	application is for Form 990-BL, undable credits. See instruction	990-PF, 990-T, 4720, or 6069, enter the tentative tax, s	less any	3a \$	0.
b If this a	application is for Form 990-PF	or 990-T, enter any refundable credits and estimated to ment allowed as a credit	ax pavments	3b \$	0.
See ins	structions	ne 3a. Include your payment with this form, or, if required, by using EFTPS (Electronic Federal Tax Payment S	· · · · · · · · · · · · · · · · · · ·	3c \$	0.
payment inst	tructions.	onic fund withdrawal with this Form 8868, see Form 84	153-EO and Form	8879-EO for	
RAA For Pri	ivacy Act and Panerwork Redu	ction Act Notice, see instructions		Form 8868	3 (Rev. 4-2009)