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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

Department of the Treasury Internal Revenue Service

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

Α	Fo	r the 2	010 cal	endar year, or tax year b	eginning	7/1/2010	, and e	nding	6/30/	2011		
В	Che	ck if ap	olicable	C Name of organization	FLATBUSH DE	VELOPMENT CORI	PORATION	D	Employer id	dentification	number	
	Add	ress cha	ange	Doing Business As	***			51	I-0188251			
	Nan	ne chan	ge	Number and street (or P C	box if mail is not del	vered to street address)	Room/suite		Telephone r	number		
	i	al return	·	1616 NEWKIRK AVEN	II 1 <b>C</b>			/7	18) 859-38	:00		
F	•	ninated		City or town, state or coun					10) 009-30	00		
늗	i				ay, and za · · ·	NIV	11226	ء ا	Gross receip	nte S	06	വ വളര
누	;	ended re		BROOKLYN		NY	11226					30,086
	App	lication	pending	F Name and address of	i principal officer				a group return		= =	X No
_				SAME AS "C" ABOVE				H(b) Are al	Il affiliates incli	uded?	Yes_	No
1	Tax-	exempt	status	X 501(c)(3) 501(c)	( ) <b>◄</b> (in:	sert no ) 4947(a)(1)	or 527	If "No	," attach a list	(see instruct	tions)	
J	Wel	bsite:	► WV	W.FDCONLINE ORG				H(c) Group	exemption nu	ımber 🕨		
			anization	<u> </u>	ust Association	Other ▶	1 Ves	or of formation			legal domicile	NIX
_	_				ASSOCIATION	Other P	15.166	I OI IOITIBUIC	<sup>on</sup> 1975_	III State of	Tegal donner	NY
	Par			mmary					E DEVELO	CASA T		
	1			escribe the organizatio					E DEVELO	<i></i>		
	.			INATION OF PROGRA								
ì				ORATION WHERE SU							S AND OT	HER.
Š	Ĕ			STED GROUPS TO PI						ТҮ.		
Ì	2			his box ▶ if the orga				an 25% of it	s net assets			
9	8	3 1	Number	of voting members of t	he governing bo	dy (Part VI, line 1a)			L	3	··-	13
9	2	4 1	Number	of independent voting	members of the	governing body (Pa	rt VI, line 1b	) .		4		13
Antivities & Governance		5	fotal nu	ımber of ındividuals em	ployed in calend	ar year 2010 (Part \	/, line 2a)		[	5		51
Š	₹			ımber of volunteers (es						6		86
/		7a 7	Total un	related business reven	ue from Part VIII	, column (C), line 13	2		L	7a		0
<u> </u>		<b>b</b> 1	let unre	elated business taxable	income from Fo	rm 990-T, line 34			<u> </u>	7b	<del></del>	0
	- 1							Р	rior Year		Current Year	<u> </u>
,	اه	8 (	Contribu	utions and grants (Part	VIII, line 1h)				970	979	9:	33,420
	w   -			n service revenue (Part	VIII, line 2g).	•			30	487		5,371
į	٠ ﴿	10 I	nvestm	ent income (Part VIII, o	olumn (A), lines	3, 4, and 7d)				81		0
•	٠   ٠	11 (	Other re	evenue (Part VIII, colum	nn (A), lines 5, 6d	d, 8c, 9c, 10c, and 1	1e)		6	,194	-	831
_	•	12 ]	otal rev	renue—add lines 8 throug	h 11 (must equal l	Part VIII, column (A), I	ine 12) .		1,007	741	9	39,622
	1	13 (	3rants	and similar amounts pa	id (Part IX, colur	nn (A), lines 1-3)			1	,000		0
	١.	14	3enefits	s paid to or for member	s (Part IX, colum	n (A), line 4) .				0		0
,	က္က ြ	15	Salaries	, other compensation, em	ployee benefits (P	art IX, column (A), line	es 5–10)		725	,015	6	83,679
	Expenses	16a F	Profess	ional fundraising fees (	Part IX, column	(A), line 11e) .				0		C
	ž	b <sup>-</sup>	Total fu	ndraising expenses (Pa	art IX, column (D	), line 25) ▶	5,518	3	· , _ , _ ,	~, - []		
1	"	17 (	Other e	xpenses (Part IX, colur	nn (A), lines 11a	–11d, 11f–24f)√ <b>⊱(</b>	CEIVED		334	,799	2	52,593
	- {	18	Total ex	penses. Add lines 13-	17 (must equal F	art IX column (A),	fine-25)		1,060	,814	9	36,272
_		19	Revenu	e less expenses Subti	act line 18 from	line 120; APR 2	<u> </u>	11:	-53	,073		3,350
č	5 8					ALK Y	3 2012	Beginnin	g of Current		End of Year	
≥ !	ala l	20	Total as	ssets (Part X, line 16) .				<u> </u>	411	,465	3	88,085
2012	5	21	Total lia	abilities (Part X, line 26)		L OGD	FN 117	-/:	105	,169		72,175
`` ⊜া <b>≡</b>	Ē	22	Net ass	ets or fund balances. S	Subtract line 21 fr	om line 20			306	,296	3	15,910
3 L	<sup>2</sup> art		Sig	nature Block								
Ü				ry, I declare that I have exami								
MAY ar	nd be	lief, it is	true, com	ect, and complete Declaration	of preparer (other th	an officer) is based on all	information of w	hich prepare	er has any kno	wledge	<del></del>	
	ign			John Fras	rm	·						
H	lere		[ [	Signature of officer	6 (				Date			
Ž .		,		ROBIN KERM	IND GREG	CUTIVE DIK	ECTOR			11/12		
<b>営 _</b>			<b>ૻ</b> ૄ	Type or print name and title			10			<u> </u>		
			Prir	nt/Type preparer's name	Pr	eparer's signature ·	10	Date	ر ا	neck 🗍	PTIN	
P	aid		\vvi	NNIE TAM		1/muile	EM	3/13	4	elf-employed	P0127537	70
		arer's	, L			MINNEY			J, E.O. I.E.			
Ų	lse	Only			AM & CO., P C				irm's EIN 🕨			
_			Fire	m's address ► 50 BROAD	STREET, SUIT	E 1837, NEW YORI	K, NY 10004		Phone no	(212) 785		
M	lay i	the IR	S discu	iss this return with the p	oreparer shown a	bove? (see instruct	ions)				X Yes	∐ No
	or P	2005**	ork Pos	luction Act Motico, con t	na conarata inetri	etions					Form 90	0 (2010

(HTA)

0)(Revenue \$

4d

Other program services (Describe in Schedule O.)

Total program service expenses

7,839 including grants of \$

885,714

Part	V Checklist of Required Schedules	<u> </u>		age o
QI.	· ·	T	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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	.		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	l	l	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	N/A	
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,"			v
7	complete Schedule D, Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		_X
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
Ū	complete Schedule D, Part III	8	1	Χ
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		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11a	X	
	Schedule D, Part VI			
D	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  .	446		X
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		<del>  ^-</del>
٠,	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	ŀ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		. !	
	Schedule D, Parts XI, XII, and XIII	12a	X	<u> </u>
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			,
40	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	<del> </del>	<del>X</del>
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	140	<del>                                     </del>	<del>  ^</del>
D	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1		Ť
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	ļ		
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<del> </del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
20-	If "Yes," complete Schedule G, Part III	19	$\vdash$	X
	Did the organization operate one or more hospitals? <i>If</i> "Yes," complete Schedule H	20a	<del> </del>	+^
IJ	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	N/A	

Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).

51-0188251

	10- Note: All Form 500 more die required to complete contoure o			(2010)
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	×	
	VI	37	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
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		<u>x</u>
00	Part V, line 2			
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	<del> </del>	X
54	III, IV, and V, line 1	34	<u> </u>	X
34	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-	Ì
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	32		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>x</u>
	conservation contributions? If "Yes," complete Schedule M	30		X_
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	,	х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete  Schedule L, Part IV  An extension of the base of trustees of trustees or key employee (or a family member thereof)	28b		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?  If "Yes," complete Schedule L, Part III	27	Bin of H T	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
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
_	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		X
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	£Jā		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
С	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	N/A	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/A	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		<u>x</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
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		Х
	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		Х
24	Did the assessment was then \$5,000 of grants and other assistance to governments and organizations		Yes	No

FLATBUSH DEVELOPMENT CORPORATION

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response to any question in this Part V	· · · ·			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6	7.7		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable	100		
	gaming (gambling) winnings to prize winners?		1c	X	44 To 14
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	51	UT A		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	# 136 % Q#2
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	;)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	N/A	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial)	inciai	4-		v
_	account)?		4a		X
b	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ACCOUNTS	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	IOD?	5b		$\frac{\hat{x}}{\hat{x}}$
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	10(1) <sup>2</sup>	5c	N/A	<del>-^-</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	· ·	- 50		
- Ju	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 contribution	ns or			
-	gifts were not tax deductible?		6b	N/A	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods			
	and services provided to the payor?		7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•	7b	Χ	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s			
	required to file Form 8282?		7c	V-2-646	X
d	If "Yes," indicate the number of Forms 8282 filed during the year				鑑
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as		7g	N/A	├—
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F	orm 1098-C7	7h	N/A	-
8	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		600	N/A	500
9	organization, have excess business holdings at any time during the year?	• •			23/45
a	Did the organization make any taxable distributions under section 4966?		9a	N/A	150 (4.4)
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	N/A	<del> </del>
10	Section 501(c)(7) organizations. Enter.				
а	Initiation fees and capital contributions included on Part VIII, line 12	N/A			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	N/A			
11	Section 501(c)(12) organizations. Enter		17.2	#	
а	Gross income from members or shareholders	N/A		- 5	
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them )				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		4.10	N/A	CO VIL. II
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	N/.A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<b>E</b>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	N/A	- Priciples
_	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which	N1/A	E +0C		
_	the organization is licensed to issue qualified health plans		79.3		
C 140	Enter the amount of reserves on hand	IN/A	14a	NGA STA	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule.		1-	N/A	+
<u>b</u>	in res, has it lied a norm red to report these payments rin indication an explanation in schedule	· • · · · · · · · · · · · · · · · · · ·	T TAD		1

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

 $\left[ \mathbf{x} \right]$ 

sect	ion A. Governing Body and Management		Vec 1	No
4	Enter the number of voting members of the constraint hads at the and of the tay year.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	0.00	3 - 4 - 7 2	
2	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Does the organization have members or stockholders?	6		Χ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	7b	LINES AND AND THE	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.	200		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	ا ہ ا		V
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oue )	Yes	No
40-	Does the organization have local chapters, branches, or affiliates?	10a	163	X
_	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	IVA		<u> </u>
b	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	N/A	
11a		100		
, , ,	form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		<u> </u>
13	Does the organization have a written whistleblower policy?	13	X	<del> </del> -
14	Does the organization have a written document retention and destruction policy?	14	X 28084836	323075G
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	X	<u> </u>
b	Other officers or key employees of the organization	15b	N/A	Cramonical
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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	N/A	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o	niy)		
	available for public inspection. Indicate how you make these available. Check all that apply			
40	Own website X Another's website X Upon request	et		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interespolicy, and financial statements available to the public.	ા		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie		
20	organization ► FLATBUSH DEVELOPMENT CORPORATION (718) 859-3			
	1616 NEWKIRK AVENUE, BROOKLYN, NY 11226			

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Form	990	(2010)	

FLATBUSH DEVELOPMENT CORPORATION

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated		
	Employees, and Independent Contractors		
	Check if Schedule O contains a response to any question in this Part VII		

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

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

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

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

(A) Name and Title	(B) Average hours per	Posit			;)					
Name and The	hours per	Position (check all that					ply)	(D) Reportable	(E) Reportable	(F) Estimated
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) JAY COHEN PRESIDENT	0.7	х		х				0	0	0
(2) SYDNEY WORMSBY FREASURER	0.5	x		X				o	0	0
(3) SAM AINBINDER VICE PRESIDENT		х		x				0	C	0
(4) CATHY HICKEY SECRETARY	1	х		х				0	0	0
(5) NICOLE FRANCIS BOARD MEMBER	0 5	х						0	0	0
(6) JOHN GISONDI BOARD MEMBER	0.5	X						0	0	0
(7) PAUL GOLDMAN BOARD MEMBER	0.5	X						0	0	0
(8) SANDRA HARRIS BOARD MEMBER	2 5	X						0	0	0
(9) CRAIG HOLLAND BOARD MEMBER	0.5	X						0	0	0
(10) BEVERLY KILPATRICK BOARD MEMBER	25	X						0	0	0
(11) MICHAEL LEVINE BOARD MEMBER	25	X						0	0	0
(12) LOIS JACKSON BOARD MEMBER	0.5	x						0	0	0
(13) WILLIAM SEERY BOARD MEMBER	0.5	s x						o	0	0
(14) ROBIN REDMOND EXECUTIVE DIRECTOR	40			x				75,000	0	6,424
(15)										

Page 8

Pa	Section A. Officers, Directors, Tr	ustees, Key E	mplo	yee	s, a	ind	Highe	est	Compensated	Employee	S (COI	ntinued)
	、 (A)	(B)	Poort	hon (		C)	that ann		(D)	(E)		(F)
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)			Ī	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportab compensat from relatic organizatic (W-2/1099-M	tion ed ons	Estimated amount of other compensation from the organization and related organizations		
(17)												
(18)												
(19)	,		<del>                                     </del>						W-W			<del></del>
(20)												
(21)												
(22)												· · · · · · · · · · · · · · · · · · ·
		<del></del> -		<del>                                     </del>		$\vdash$	1-1					
			+-	T	-							
(25)				<del> </del>					,	<del></del>		
(26)			1			-			<u></u>			
(27)												
(28)												<del></del>
1b c	Sub-total		•			•	,	<b>▶</b>	75,000		0	6,424
d	<b>-</b>		•				•	•	75,000	1	0	6,424
2	Total number of individuals (including but not reportable compensation from the organization	limited to thos	e liste	d at			ho rec					0,121
3	Did the organization list any <b>former</b> officer, di employee on line 1a? <i>If</i> "Yes," complete Sche					yee	e, or hi	ghe	est compensate	ed		Yes No 3 X
4	For any individual listed on line 1a, is the sum the organization and related organizations graindividual	•							-			4 X
5	Did any person listed on line 1a receive or ac	•				-			_	individual		
Sec	for services rendered to the organization? If " tion B. Independent Contractors	res, complete	SCIR	suui	e J	101 .	sucii p	ers	SOII	<del></del>		5 X
1	Complete this table for your five highest comp	pensated inder	ende	nt c	ontr	acto	ors tha	at re	eceived more th	nan \$100.0	00 of	
	compensation from the organization						1					(C)
	Name and business add	dress							(B) Description of se	ervices	(	(C) Compensation
	NONE		-									
												<u>C</u>
		<del></del>	_									
												(
2	Total number of independent contractors (inc more than \$100,000 in compensation from th	_		d to	thos	se li	sted a	bo	ve) who receive	ed .		

Parl	VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
	yred ?				Total revenue	exempt	business	excluded from
	Richard.			A THE STATE OF THE		function revenue	revenue	tax under sections 512, 513, or 514
रे र	1a	Federated campaigns	1a	0				
ributions, gifts, grants other similar amounts	b	Membership dues	1b	0				三十二十二
s, g	С	Fundraising events	1c	14,349				
gifts, Iar an	d	Related organizations	1d	0				1000
IS, G	е	Government grants (contributions)	1e	750,747				
Contributions, and other sim	f	All other contributions, gifts, grants, and						
buf the		similar amounts not included above	1f	168,324		<b>是一个人</b>		1
ntri d o	g	Noncash contributions included in lines 1a-1f	\$	6,494				
Cont	h	Total. Add lines 1a–1f			933,420			
				Business Code				
/en	2a	MEMBERSHIP DUES	_	900099	5,371	5,371		
Re	b		_		0			
/ice	C		_		0		<u> </u>	
Sen	d		_		0			
E	е				0			
Program Service Revenue	f	All other program service revenue.			0			
<u> </u>	g	Total. Add lines 2a–2f	<u></u>	<b>&gt;</b>	5,371	<b>建筑建筑</b>		
	3	Investment income (including dividends, in	teres	t, and				
		other similar amounts) .		•	0			
	4	Income from investment of tax-exempt bon	d pro	ceeds	0			
	5	Royalties		<b>.</b>	0			
		(ı) Rea		(ii) Personal			1 To 16	
	6a	Gross Rents .					The state of	
	b	Less rental expenses .						
	C	Rental income or (loss)	C	0				The state of
,	d	Net rental income or (loss)	·	. •	C	Personal Same and Adaptives	AND AND A TANK AND AND	Marine man literaturation
	7a	Gross amount from sales of (i) Securit		(II) Other				
		assets other than inventory .		0				
	b	Less, cost or other basis						
		and sales expenses		<del></del>				
	С	Gain or (loss)		0	1 1	100 100 100 100 100	6.	Fin Side of Bridge
	d	Net gain or (loss)	•	· · · ·				Province to the second second second
<u>o</u>								
ř	8a	Gross income from fundraising						
ě		events (not including \$ 14,349						
ď	1	of contributions reported on line 1c) See Part IV, line 18	_	45.045				Marine Sec.
Other Revenue			. a	15,345				
Ö	b	Less direct expenses	. b	20,464	-5,119			-5,119
	C	Net income or (loss) from fundraising ever Gross income from gaming activities.	ils .	<u> </u>	-5,118			-5,115
	Ja	See Part IV, line 19	_					
	ь	Less direct expenses	a b		<b>一种,我们们是由他们不</b>			
	C	Net income or (loss) from gaming activities	-	•	A-14th Asset to the	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
		Gross sales of inventory, less	•	· · · · · · ·		A TOP TO THE PARTY OF THE PARTY	70.00	
	104	returns_and allowances	а	1			The state of the s	
	ь	Less cost of goods sold.	b					
	C	Net income or (loss) from sales of inventor	_	<b>•</b>	TO THE REAL PROPERTY OF THE PARTY OF THE PAR	)		71. 8. 32. 52. 53.
	- <u>-</u>	Miscellaneous Revenue	<u>,                                    </u>	Business Code				
	11a	RENTAL INCOME			5,400	5,40	0	To the second se
	Ь	OTHER INCOME	•		550	<del></del>		<u>†                                      </u>
	c	OTHER INCOME	-		<del> </del>	0		<del>                                     </del>
	d	All other revenue	-		1		<b>1</b>	
	e	Total. Add lines 11a–11d			5,950	o Caraca	THE SECOND	
	12	Total revenue. See instructions		▶	939,622		1 (	5,119

# 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 requir	ed to complete coll	<u>ımns (B), (C), and (</u>	ט)
	not include amounts reported on lines 6b, 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		0.,,000		
•	organizations in the U.S. See Part IV, line 21	ol			
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22	اه			
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	. 0			
5	Compensation of current officers, directors,	<u> </u>			
3		76 700	60 111	2 920	2 020
c	trustees, and key employees	76,789	69,111	3,839	3,839
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0	100.040	0.050	
7	Other salaries and wages	493,807	490,948	2,859	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	0			
9	Other employee benefits	46,485		545	313
10	Payroll taxes	66,598	65,368	782	448
11	Fees for services (non-employees)		,	.	
а	Management	67,000		7,995	
þ	Legal	0			
С	Accounting	9,580		9,580	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	. 0	<b>经验证据</b>		
f	Investment management fees	0	·		
g	Other	25,329	23,562	1,767	
12	Advertising and promotion .	0			
13	Office expenses	42,360	37,468		
14	Information technology	3,823	2,750	1,073	
15	Royalties	0			
16	Occupancy	39,614			
17	Travel	2,371	1,905	466	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings.	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	720	540	180	0
23	Insurance	16,853	16,305	548	
24	Other expenses Itemize expenses not covered	<b>EAST OF THE REST OF THE REST OF THE REST</b>		THE REAL PROPERTY.	
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column	44			
	(A) amount, list line 24f expenses on Schedule O)				
а	EVENT EXPENSES	9,222	8,004	300	918
b	STAFF DEVELOPMENT & TRAINING	1,294	450	844	
С	FEES, DUES AND SUBSCRIPTIONS	3,927	539	3,388	
d	OTHER PROGRAM EXPENSES	27,455	<del></del>	<del></del>	
е		0			
f	All other expenses MISCELLANEOUS	3,045	2,228	817	
25	Total functional expenses. Add lines 1 through 24f.	936,272			
26	Joint costs. Check here ▶ If following		3,3,1,1		3,2,5
	SOP 98-2 (ASC 958-720) Complete this line			!	
	only if the organization reported in column				
	(B) joint costs from a combined educational			1	
	campaign and fundraising solicitation .				

Pa	irt X	Balance Sheet				,	
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			84,666	1	190,871
	2	Savings and temporary cash investments			365		365
	3	Pledges and grants receivable, net			37,500	3	7,000
	4	Accounts receivable, net			1,635		800
	5	Receivables from current and former officers,	director	s, trustees, kev			PART OF THE PART O
		employees, and highest compensated employ Schedule L				5	
	6	Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958 employers and sponsoring organizations of se					
Ş.		employees' beneficiary organizations (see inst	truction	s)		6	
Assets	7	Notes and loans receivable, net .	0	7	0		
ď	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges .			23,034	9	9,502
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	2,677			
	b	Less accumulated depreciation	10b	2,402	995	10c	275
	11	Investments—publicly traded securities .			0	11	0
	12	Investments-other securities See Part IV, lin		0		0	
	13	Investments-program-related See Part IV, lie	ne 11		C		0
	14	Intangible assets		C	<del></del>	0	
	15	Other assets See Part IV, line 11			263,270		179,272
	16	Total assets. Add lines 1 through 15 (must ed	qual line	34)	411,465	<del>,</del>	388,085
,	17	Accounts payable and accrued expenses			75,920	+	43,720
	18	Grants payable		18_			
	19	Deferred revenue			2,315		
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete			Market and a department like of the Control of	21	The state of the s
Liabilițies	22	Payables to current and former officers, direct		•			
jab		employees, highest compensated employees,	, and di	squalified			
		persons Complete Part II of Schedule L	•	•		22	
	23	Secured mortgages and notes payable to unre					0
	24	Unsecured notes and loans payable to unrela				24	0
	25	Other liabilities. Complete Part X of Schedule	D	• •	26,934		28,455
	26	Total liabilities. Add lines 17 through 25	•	<u></u>	105,169	26	72,175
ces	<b> </b> 	Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33					
an	27	Unrestricted net assets			259,460	27	268,043
Ba	28	Temporarily restricted net assets			46,836	28	47,867
b	29	Permanently restricted net assets				29	
Net Assets or Fund Balances	<u> </u>	Organizations that do not follow SFAS 117 and complete lines 30 through 34.	, checl	k here ▶			
ets	30	Capital stock or trust principal, or current fund	ls			30	
SSI	31	Paid-in or capital surplus, or land, building, or		nent fund .		31	
ř	32	Retained earnings, endowment, accumulated				32	
Ž	33	Total net assets or fund balances .			306,290	33	315,910
	34	Total liabilities and net assets/fund balances			411,46	34	388,085

• 	, FLATRUOLIDE (FLORMENT CORRODATION)		1-0188251		42
Par	990 (2010) FLATBUSH DEVELOPMENT CORPORATION  Reconciliation of Net Assets		1-0100231	Pag	<sub>je</sub> 12
	Check if Schedule O contains a response to any question in this Part XI	<u>.</u>		[	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1_1		939	,622
2	Total expensés (must equal Part IX, column (A), line 25) .	2		936	,272
3	Revenue less expenses. Subtract line 2 from line 1	3		3	,350
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		306	,296
5	Other changes in net assets or fund balances (explain in Schedule O)	5		6	,264
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		315	5,910
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	·		. [	
1	Accounting method used to prepare the Form 990			Yes	No
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?		2b	X	
Ç	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of			ł
	the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain	 n	. 2c	X	
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1
;	the Single Audit Act and OMB Circular A-133?		. <u>3a</u>	N/A	<u> </u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		ĺ		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	·	3b		
			Forr	990	(2010)

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public

Employer identification number Name of the organization 51-0188251 FLATBUSH DEVELOPMENT CORPORATION Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). lx| An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated Type III-Other a | Type I Type !I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(ı) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) h Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (vii) Amount of (i) Name of supported (ii) EIN (v) Did you notify (vi) Is the in col (i) listed in your organization in col organization (described on lines 1-9 the organization in support (i) organized in the above or IRC section governing document? col (i) of your (see instructions)) support? US? Yes Yes (A) (B) 0 (C) 0 (D) 0 (E) 0 Total 0

Schedule A (Form 990 or 990-EZ) 2010 FLATBUSH DEVELOPMENT CORPORATION 51-0188251 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 933,420 include any "unusual grants.") . . . . 856,573 992,119 1,159,974 970,979 4,913,065 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . 970.979 Total. Add lines 1 through 3. 856,573 992,119 1,159,974 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) n Public support. Subtract line 5 from line 4 4,913,065 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Amounts from line 4 . . . . . . . 970,979 933,420 4,913,065 856,573 992,119 1,159,974 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 233 81 sources 33 348 . . . . 9 Net income from unrelated business activities, whether or not the business is 0 regularly carried on . . . . . . . . . 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 6.255 5.747 8,609 7.204 5.950 33,765 11 Total support, Add lines 7 through 10 4.947.178 12 Gross receipts from related activities, etc. (see instructions). 199.804 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 99.31% Public support percentage from 2009 Schedule A, Part II, line 14. 99 32% 15 16a 33 1/3% support test-2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶[X] 33 1/3% support test-2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 10%-facts-and-circumstances test-2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

18

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

ı aı	(Complete only if you checked the	box on line 9	of Part I or if t	he organizati		ualify under Pa	art II.
	If the organization fails to qualify ur	nder the tests	listed below,	please compl	ete Part II )		
	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Caic	indar year (or fiscar year beginning in)	(a) 2000	(0) 2001	(0) 2000	(4) 2000	(0)	(1) 1014.
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0					0
2	Gross receipts from admissions, merchandise						· · · · · · · · · · · · · · · · · · ·
_	sold or services performed, or facilities furnished					ļ	
	in any activity that is related to the						
	organization's tax-exempt purpose	o					0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf	0					0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0					0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	1			·		0
	amount on line 13 for the year			0	0	0	<u>0</u> 0
	Add lines 7a and 7b	0	0	U CONTRACTOR OF THE CONTRACTOR		5 2 2 2 2 2 2	
8	Public support (Subtract line 7c from line 6)						0
Sec	tion B. Total Support	23234 - Activation - Fundal	(2000年(332)(454)(2000年(355)(355)(455)	minute, most exact contracts	THE STREET STREET	Alternatives interior server	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from tine 6.	0	0	0	0	0	0
9 10a	Gross income from interest, dividends,	<u> </u>			<u>_</u>	0	<u> </u>
IVa	payments received on securifies loans,						
	rents, royalties and income from similar sources						0
ь	Unrelated business taxable income (less		-				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether			ļ			
	or not the business is regularly carried on .						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0					0
13	Total support. (Add lines 9, 10c, 11, and 12)	0	<u> </u>	<u> </u>	·		0
14	First five years. If the Form 990 is for the organiz organization, check this box and stop here		nd, third, fourth,	or fifth tax year a	as a section 501(	.c)(3) 	▶ [
Sec	tion C. Computation of Public Support				<del> </del>	<del></del>	
15	Public support percentage for 2010 (line 8, column		e 13, column (f)	) .		15	0 00%
16	Public support percentage from 2009 Schedule A,					16	0 00%
	tion D. Computation of Investment Inc					47	0.0004
17	Investment income percentage for 2010 (line 10c,			umn (f))		17	0 00%
18	Investment income percentage from 2009 Schedu			and has 45 :	re the - 22 4/00/	18	0 00%
19a	33 1/3% support tests-2010. If the organization on more than 33 1/3%, check this box and stop h						_
	33 1/3% support tests—2009. If the organization of						
b							

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) 2010	FLATBUSH DE						51-0188251	Page 4
Part IV Supplemental Part II, line 17a instructions).	I <b>Information.</b> Care or 17b, and Pa	omplete this rt III, line 12	s part to pro	ovide the ex olete this pa	planations in ort for any a	required b dditional i	by Part II, line 1 nformation. (Se	0, ∋e
PART II SECTION B LINE 10 -	OTHER INCOME							
		2006	2007	2008	2009	2010	TOTAL	
OTHER INCOME		1,455	947	3,809	1,804	550	8,565	
RENTAL INCOME	•••••	4,800	4,800	4,800	5,400	5,400	25,200	
TOTAL		6,255	5,747	8,609	7,204	5,950	33,765	
RENTAL AND OTHER INCOME	E IS USED TO CA	RRY OUT TI	HE ORGANI	ZATION'S T	AX EXEMPT	ACTIVITI	<u> </u>	
			<b>-</b>					
								·
			• • • • • • • • • • • • • • • • • • • •					
			· · · · · · · · · · · · · · · · · · ·					

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

<u>FLA</u> T	BUSH DEVELOPMENT CORPORATION			51-0188251
Part			er Similar Fund	s or Accounts. Complete if
	the organization answered "Yes"	o Form 990, Part IV, line 6		
		(a) Donor advised fund	s	(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 o	ionor advisors in writing that t	he assets held in	donor advised
	funds are the organization's property, subje-	ct to the organization's exclus	ive legal control?	. Yes No
6	Did the organization inform all grantees, do	nors, and donor advisors in w	riting that grant fu	nds can be
	used only for charitable purposes and not for	or the benefit of the donor or o	lonor advisor, or f	or any other
	purpose conferring impermissible private be			Yes No
Pari	<u> </u>		wered "Yes" to	Form 990 Part IV line 7
1	Purpose(s) of conservation easements held			. It also the Constant I and a second
	Preservation of land for public use (e.g., rec	reation or education)	Preservation of a	an historically important land area
	Protection of natural habitat		Preservation of a	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiz	ation held a qualified conserv	ation contribution	in the form of a conservation
_	easement on the last day of the tax year	allon hold a qualified contact to		
	out of the last day of the lax your			Held at the End of the Tax Year
а	Total number of conservation easements.			2a
b	Total acreage restricted by conservation ea		•	2b
C	Number of conservation easements on a conservation easement of conservation easement		· · led in (a)	2c
d	Number of conservation easements include		• •	20
u			o, and not on a	2d
3	historic structure listed in the National Regi		Saujahad astarmi	
3	Number of conservation easements modified	ed, transferred, released, extir	iguisiled, or terrii	nated by the organization
4	during the tax year		natad <b>b</b>	
4 5	Number of states where property subject to			handling of
5	Does the organization have a written policy		ning, inspection, i	
6	violations, and enforcement of the conserve		· · · ·	
6	Staff and volunteer hours devoted to monit	oring, inspecting, and emorcing	ig conservation ea	asements during the year
7	Assessed of a superior in a superior discount of the site of			
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing co	nservation easen	ients during the year
•	<b>\$</b>			
8	Does each conservation easement reporte		e requirements of	
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			L Yes L No
9	In Part XIV, describe how the organization			
	balance sheet, and include, if applicable, the		rganization's finar	icial statements that describes
	the organization's accounting for conservation		011 0	
Par				milar Assets.
	Complete if the organization answer	ed "Yes" to Form 990, Part IV,	line 8	
1a	If the organization elected, as permitted un	der SFAS 116 (ASC 958), not	to report in its re	venue statement and balance sheet
	works of art, historical treasures, or other s	ımılar assets held for public e	xhibition, education	on, or research in furtherance
	of public service, provide, in Part XIV, the t	ext of the footnote to its financ	cial statements the	at describes these items
b	If the organization elected, as permitted un			
	works of art, historical treasures, or other s			
	of public service, provide the following amo		,	
	(i) Revenues included in Form 990, Part V	III line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of			
-	following amounts required to be reported			
_	•		-	
a	Revenues included in Form 990, Part VIII,			. \$
13	ASSERS DICHOED IN FORM MAIL PAR X			<b>-</b> ¬

Part	III Organizations Maintaining	Collections of A	rt, Histor	ical Trea	asures, or C	Other Similar Assets	s (continued)
3	Using the organization's acquisition, a	accession, and oth	er records	, check a	ny of the folio	owing that are a signific	cant
	use of its collection items (check all the	hat apply) <sup>.</sup>					
а	Public exhibition		d 📙	Loan	or exchange	programs	
b	Scholarly research		е 🗌	Other			
С	Preservation for future generat	ions					
4	Provide a description of the organizar		nd explain	how they	further the o	rganization's exempt p	ourpose in
5	During the year, did the organization assets to be sold to raise funds rathe						Yes No
Part	IV, line 9, or reported an am	_	•	-	ization ansv	vered "Yes" to Form	990, Part
 1a	Is the organization an agent, trustee,				ntributions or	other assets not	
	included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in F	Part XIV and comple	ete the fol	lowing tal	ole.		
	, ,	,		J			Amount
С	Beginning balance		•			1c	0
d	Additions during the year					1d	
е	Distributions during the year .					1e	
f	Ending balance		•			1f	0
2a	Did the organization include an amou	int on Form 990, P	art X, line	21? .			Yes X No
b_	If "Yes," explain the arrangement in F	, ,					
Part	V Endowment Funds. Comp	lete if the organiz	ation ans	wered "\	es" to Forn	n 990, Part IV, line 1	0
		(a) Current year	(b) Pri	or year	(c) Two years	back (d) Three years back	ck (e) Four years back
1a	Beginning of year balance	0		0			
b	Contributions						
C	Net investment earnings, gains,						
	and losses .						
d	Grants or scholarships						
e	Other expenditures for facilities						
_	and programs	ļ	ļ				
f	Administrative expenses .		ļ				
g	End of year balance	<u></u>	<u> </u>	0		0 200	
2	Provide the estimated percentage of						
a	Board designated or quasi-endowme		<u>%</u>				
0	Permanent endowment  Term endowment	<u>%</u>					
c 3a	Are there endowment funds not in the	%	organiza	tion that s	are held and	adroinistered for the	
Va	organization by:	e possession of the	o organiza	aon alat e	are field and	administered for the	Yes No
	(i) unrelated organizations .						3a(i)
	(ii) related organizations		•	•		•	3a(ii)
ь	If "Yes" to 3a(ii), are the related orga	nizations listed as i	required o	n Schedu	ıle R?		3b
4	Describe in Part XIV the intended us		•				
Part							
	Description of investment	(a) Cost or c	other basis	(b) Co	ost or other is (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		0		0		0
b	Buildings		0		0	0	0
С	Leasehold improvements		0		0	0	0
d	Equipment		0		2,677	2,402	275
e	Other .		0	L	0		<u>-</u>
Tota	I. Add lines 1a through 1e (Column (c	f) must equal Form	990, Part	X, colum	n (B), line 10	(c) ) . ▶	275

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Schedule D (Forn	n 990) 2010			Page 3
Part VII	Investments—Other Securities. See	Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-cf-year	
(1) Financial (		0		
	eld equity interests	0		
		0		
		0		
( <u>B</u> )		0	<del></del>	
{Ç}		0	<del></del>	
(Ď)		0		
( <u>E)</u>		0		
(F)		0	<del></del>	
(Q)		0	<del> </del>	
· (ቭ)		0	<del></del>	
(I)	must equal Form 990, Part X, col (B) line 12)	<u>~</u>		
Part VIII		<u> </u>		
rart VIII	Investments—Program Related. See	1	(c) Method of v	valuation
	(a) Description of investment type	(b) Book value	Cost or end-of-year	
(1)		0	<del> </del>	
(2)		0	<del> </del>	
(3)		0	<del> </del>	
(4)		0	<del> </del>	
(5)		0	<del> </del>	<del></del>
<u>(6)</u> (7)		0	<del></del>	
(7)		0		
(8) (9)		0	<del></del>	
(10)		0	<del></del>	
	must equal Form 990, Part X, coi (B) line 13)			
Part IX	Other Assets. See Form 990, Part X,	<u> </u>	NOT THE PROPERTY OF THE PROPER	Market and the second s
, with		escription	····	(b) Book value
(1) DUE ER	OM GOVERNMENTAL AGENCIES	30 ipuon		174,732
	TY DEPOSITS			4,540
(3)				0
(4)				0
(5)	*****			0
(6)				0
(7)				0
(8)				0
(9)				0
(10)			·	0
	nn (b) must equal Fonn 990, Part X, col (B)		<b>&gt;</b>	179,272
Part X	Other Liabilities. See Form 990, Part	<del></del>	BALTY DEL BOOKS AND	Control of the contro
1.	(a) Description of liability	(b) Amount		
	income taxes	<u></u>		
	CE FROM GOVERNMENTAL AGENCIES	26,008		
	Y FUNDS PAYABLE	2,447		
(4)				
<u>(5)</u>				
<u>(6)</u>		1		
(7)		<del> </del>		
		<del></del>		
(0)			The state of the s	· 1000 ·
(9)		1		100
(10)				
(10) (11)	must equal Form 990, Part X, col (8) line 25)	28,455		

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedule D (Form 990) 2010 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12). 939.622 1 2 2 Total expenses (Form 990, Part IX, column (A), line 25) 936,272 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3,350 Net unrealized gains (losses) on investments. 4 5 5 Donated services and use of facilities 6 Investment expenses. 6 7 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 6,264 9 9 Total adjustments (net). Add lines 4 through 8 6,264 10 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 9.614 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 958,511 1 Total revenue, gains, and other support per audited financial statements . . . 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments а b Donated services and use of facilities 2b C Recoveries of prior year grants 2c Other (Describe in Part XIV) . 2d 20.464 d Add lines 2a through 2d. 20.464 е 2e 938.047 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b а 1.575 Other (Describe in Part XIV) Add lines 4a and 4b. 4c 1,575 С Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 939,622 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part XIII Total expenses and losses per audited financial statements 948.897 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities . . 2b b Prior year adjustments . . . Other losses 2c С 20.464 d Other (Describe in Part XIV) 2d Add lines 2a through 2d 20.464 е 2e 3 Subtract line 2e from line 1 3 928,433 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 7.839 Other (Describe in Part XIV.) . . . 4b c Add lines 4a and 4b 7,839 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 936,272 **Supplemental Information** Part XIV Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information. Part X Line 2 - FLATBUSH DEVELOPMENT CORPORATION ("FDC") ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") GUIDANCE ON UNCERTAIN INCOME TAX POSITIONS IN ITS FINANCIAL STATEMENTS. FDC RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY WHEN THEY ARE MORE THAN LIKELY THAN NOT OF BEING SUSTAINED MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES. NOR OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX Part XI Line 8 - CHANGE IN NET ASSETS OF SPONSORED PROJECTS

#### FLATBUSH DEVELOPMENT CORPORATION

51-0188251

Schedule D (Form 9	
Part XIV	Supplemental Information (continued)
Part XII Line 2d	and Part XIII Line 2d - SPECIAL EVENT DIRECT EXPENSES
Part XII Line 4b	- SPONSORED PROJECTS INCOME
Part XIII Line 4t	- SPONSORED PROJECTS EXPENSES
	<u> </u>

### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or 1f the

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

➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

20**10** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ΙΔΤ	BUSH DEVELOPMENT CORPORA	TION:				51-018	8251			
	- Eundraising Activities Co		organizatu	on answe	red "Yes" to Form					
Par	Form 990-EZ filers are not									
1	Indicate whether the organization r				/ıng activities Chec	k all that apply.				
а	Mail solicitations				of non-government					
b	Internet and email solicitations		==		of government grant					
c										
_										
d										
2a	key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No									
b	If "Yes," list the ten highest paid inc			isers) pur	suant to agreement	s under which the f	fundraiser is			
	to be compensated at least \$5,000	by the organiza	ation.							
		<del>,</del> -	<del></del>	<del></del> -						
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody of contrib	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization			
			Yes	No		col (ı)	<del></del>			
1		· '	162	140	-	ļ				
•		!		·	o	o	0			
2							,			
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3						•	•			
					0	0	0			
4		<b>\</b>								
		ļ	<del> </del>		0	0	0			
5										
6		<del> </del>	┼		0	0	0			
0					o	o	0			
7		<del> </del>	<del>                                     </del>		<u></u>		<u> </u>			
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8										
					o	0	0			
9										
					0	0	0			
10										
		<u> </u>	<u> </u>		0	0	0			
				_			Δ.			
<u>Fotal</u>	List all states in which the account			. P	U U	0	<u>0</u>			
3	List all states in which the organiza	ation is registere	ea or licens	ea to solic	or contributions of r	ias been notified it	is exempt from			
	registration or licensing									
					••••••					
<b></b>										
<b></b>										

a l	•		(a) Event #1  AWARDS DINNER  (event type)	(b) Event #2 NONE (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 2	Gross receipts . Less Charitable	29,694	0	0	29,694
2	3	contributions Gross income (line 1	14,349	0	0	14,349
-		minus line 2)	15,345	0	0	15,345
	4	Cash prizes	0	0	0	0
s	5	Noncash prizes	6,494	. 0	0	6,494
sense	6	Rent/facility costs	0	0	0	0
Direct Expenses	7	Food and beverages .	11,720	0	0	11,720
Dire	8	Entertainment .	650	0	0	650
	. <b>9</b>	Other direct expenses	1,600	0	0	1,600
	10 11	Net income summary Comb	ine line 3, column (d), an			20,464) -5,119
	rt III	than \$15,000 on Form				<u></u>
	irt III			(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	rt III		990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add col (a) through col (c))
Revenue	1 2	than \$15,000 on Form	990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add col (a) through col (c))
Revenue	1	than \$15,000 on Form  Gross revenue	990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
	1 2	than \$15,000 on Form  Gross revenue	990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add col (a) through col (c))  0
Revenue	1 2 3 4 5	than \$15,000 on Form  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	990-EZ, line 6a.  (a) Bingo  Yes %	(b) Pull tabs/instant bingo/progressive bingo  Yes %	(c) Other gaming	(d) Total gaming (add col (a) through col (c))  0
Revenue	1 2 3 4	than \$15,000 on Form  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor	990-EZ, line 6a.  (a) Bingo  Yes %  No	(b) Pull tabs/instant bingo/progressive bingo  Yes %  No	(c) Other gaming	(d) Total gaming (add col (a) through col (c))  0
Revenue	1 2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Advisory	990-EZ, line 6a.  (a) Bingo  Yes %  No  Id lines 2 through 5 in co	(b) Pull tabs/instant bingo/progressive bingo  Yes % No  No	(c) Other gaming  Yes % No	(d) Total gaming (add col (a) through col (c))  0  0  0  0  0  0  0
Revenue	1 2 3 4 5	than \$15,000 on Form  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor	990-EZ, line 6a.  (a) Bingo  Yes %  No  Id lines 2 through 5 in co	(b) Pull tabs/instant bingo/progressive bingo  Yes % No  No	(c) Other gaming  Yes % No	(d) Total gaming (add col (a) through col (c))  0  0  0  0  ( )
Revenue	1 2 3 4 5 6 7 8 E a is	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Advisory	Yes % No  Id lines 2 through 5 in cory Combine line 1, column organization operates gar operate gaming activities	(b) Pull tabs/instant bingo/progressive bingo  Yes % No  No  lumn (d)	(c) Other gaming  Yes % No	(d) Total gaming (add col (a) through col (c))  0  0  0  0  ( 0)  Yes No

Schedu	ule G (Form 990 or 990-EZ) 2010 FLATBUSH DEVELOPMENT CORPORATION	51-0188251	Page 3
11	Does the organization operate gaming activities with nonmembers?	. Yes [	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility	13a	%
þ	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events book and records:	s	
	Name ▶		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the		
	amount of gaming revenue retained by the third party $ ightharpoonup$ \$0 .		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶ _		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation > \$0		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	0	
_	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization	s	<del></del>
	or spent in the organization's own exempt activities during the tax year 🕨 💲		0
Par	(iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also comp		
	provide any additional information (see instructions)		
			·
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			· ·

#### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

> Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

(10)

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

FLATBUSH	H DEVELOPMENT CORPORATI	ION					51-	01882	51			
Part I	Excess Benefit Transaction	s (section										
	Complete if the organization	answered	"Yes" on	Form 990, Part IV	, line 25a or	25b, o	r Form	990-E	Z, Pa	rt V, lij		
1	(a) Name of disqualified per	son			(b) Description	of trans	action				(c) Con	rected?
<del></del>	(a) Name of disquames per				(b) becomplied						Yes	No
(1)											<b> </b>	<del> </del>
(2)												
(3)	<del></del>							_			<u> </u>	-
(4)											<del> </del> -	
<u>(5)</u>				***************************************								<u> </u>
(6) 2 En	ter the amount of tax imposed o	n the oras	anization	managers or disqui	alified nerso	ns duri	na the	vear			<u> </u>	
	der section 4958	n inc orge						you	•	\$		
	ter the amount of tax, if any, on	line 2. abo	ove reimi	oursed by the orga	nization		-			\$		
			_									
Part II	Loans to and/or From Inter	ested Per	rsons.							•		
	Complete if the organization	answered	"Yes" on	Form 990, Part IV	, line 26, or l	Form 9	90-EZ	, Part	V, line	38a.		
(a) Name of interested person and purpose		, , , ,	to or from	(c) Original	(d) Balance	due	(e) In c	lefault?	(f) Ap	oroved	(g) Written	
	•	the orga	inization?	principal amount					by board or committee?		agreement?	
		<b></b>					V <sub>2</sub> 1				<del> </del>	
		То	From				Yes	No	Yes	No	Yes	No
(1)			<b> </b>	0		0	i					
(2)			<del> </del>	0		0				<u> </u>	├—	ļ
(3)			<del> </del>	0		0				ļ	├	
(4)		<del></del>	<del> </del>	0	ļ.—————	0					⊢—	ļ
(5)			ļ	0		0					<b>├</b> ──	
. (6)			1	0		0					┼	
<u>(7)</u>			<del> </del>	0		0		<del></del> -	ļ		<del> </del>	<del> </del>
(8)		<del>-  </del>	<del>                                     </del>	0		0			ļ	<u> </u>	├	<del> </del>
(9)			<del> </del>	0		<u>0</u> 0		<del> </del>	<del></del>		<del> </del>	<del> </del>
(10) Total .			1,	▶ \$	l						94988	
Part III	Grants or Assistance Bene	Giting Int	rested 5				THE STATE OF THE S		<b>建筑等</b>	5.4	150000	
ı art iii	Complete if the organization	_			/ line 27							
	(a) Name of interested person			between interested pers		T	(c) (	\mount a	and hype	of accus		
	(a) Name of interested person	(6)	relationship	organization	on and the		(0)	anount c	ina type	01 03313	tarice	
(1)												
(2)		<b></b>										
(3)												
(4)												
(5)												
(6)												
(8)	-											
(9)						i						

Part IV Business Transactions Invol			01 010		Page Z		
. Complete if the organization ar	nswered "Yes" on Form 99	<ol><li>Part IV, line 28a, 2</li></ol>	8b, or 28c.	<del></del>			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?			
				Yes	No		
(1) SAM AINBINDER	VICE PRESIDENT	0	SEE PART V		Х		
(2)		0					
(3)		0					
(4)		0		-	<del></del>		
<u>(5)</u> (6)		0		+	<del> </del>		
(7)		0			$\vdash \frown$		
(8)		0	<del></del>				
(9)		0					
(10)		0					
Part V Supplemental Information	additional information for re	ananasa ta susationi	a an Cabadula I. (aga instructi	ana\			
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)							
Schedule L Part IV Line d - SAM AINBINDER HAS SPONSORED THE FLATBUSH DEVELOPMENT CORPORATION							
Sendadic ET dictal Line a - OAM ANDINDERTING OF GROONED THE T.B. (1800) DEVICES MENT GOTAL GRANION							
UTILITY COOP, OFFERING DISCOUNTED UTILITY COSTS FOR PARTICIPANTS IN THE PROGRAM, FOR MANY YEARS							
PRIOR TO BECOMING A BOARD MEMBER AS A BOARD MEMBER, HE CURRENTLY PROVIDES GAS TO PARTICIPANTS							
PRIOR TO BECOMING A BOARD MEMBER	AS A BOARD MEMBER	HE CURRENILY PI	ROVIDES GAS TO PARTICIP	ANIS			
IN THE PROGRAM. SAM AINBINDER PARTICIPATES IN NO DECISIONS PERTAINING TO BOARD OVERSIGHT OF THE							
PROGRAM NOR DECISIONS RELATED TO	THE DETERMINATION C	NE THE PROVIDER O	OF ENERGY FOR THE PROG	RAM			
THOSHAW HOR PROJOIONO MEETICE TO	THE DETERMINATION O	W. M.E. I MOVIDENCE		.17.7.7.			
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### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 Open to Public

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

Inspection Employer identification number

FLATBUSH DEVELOPMENT CORPORATION	51-0188251
Form 990 Part III Line 4d - SPONSORED PROJECTS EXPENSES \$7,839	
Form 990 Part VI Section A Line 3 - N CHENG & CO PROVIDES FISCAL MANAGEMENT SI	ERVICES
Form 990 Part VI Section B Line 11A - FORM 990 IS REVIEWED PRIOR TO FILING BY THE COPIES OF FORM 990 ARE MADE AVAILABLE TO ALL BOARD MEMBERS	FINANCE COMMITTEE.
Form 990 Part VI Section B Line 12c - THE BOARD OF DIRECTORS IS REQUIRED TO CONTO DISCLOSE ANY CONFLICTS OF INTEREST. IN SITUATIONS WHERE IT IS DETERMINED HAS A CONFLICT OF INTEREST, THE BOARD MEMBER DOES NOT PARTICIPATE IN VO. MAKING DISCUSSIONS RELATED TO THE CONFLICT.	NED THAT A BOARD MEMBER
Form 990 Part VI Section B Line 15a - THE BOARD OF DIRECTORS DETERMINES THE SA  DIRECTOR TAKING INTO CONSIDERATION COMPARISONS OF OTHER NON-PROFITS S  OFFER SIMILAR SERVICES THE DECISION PERTAINING TO THE SALARY IS DOCUME	SIMILARLY SIZED WHO
Form 990 Part VI Section C Line 19 - GOVERNING DOCUMENTS, CONFLICT OF INTERES	T POLICY AND FINANCIAL
Form 990 Part XI Line 5 - OTHER CHANGES IN NET ASSETS REPRESENT CHANGE IN NET ASSETS REPRESENT REPRESE	