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Departme Internal Re

Return of Organization Exempt From Income Tax

2013

OMB No 1545-0047

Form JJ	J	Under section 501(c), 527	, or 494 <i>1</i>	/(a)(1) of the interna	i Revenue Code (ex	(cept private foundations)	
Department of the Tr	easurv	➤ Do not enter S	ocial Se	curity numbers on t	his form as it may be	made public	Open to Public
Internal Revenue Ser		► Information at	out For	m 990 and its instru	ctions is at www.irs	gov/form990	Inspection
A For the 201	3 calen	dar year, or tax year begin	ning	07/01,	2013, and ending	06/3	0, 20 14
B Check if applicable	C Namo	of organization SOUTHEAST (GRAND	STREET GUILD	HDFC INC.	D Employer identification	on number

В	Check if a	appicable	1							REET	GU	ILD HD	FC	INC	•	P	Employer i			nber	
_					ERFOR	D &	DOUG	HERTY	LLP							4	13-267	903	4		
L	Addi			g Busines								 	т			1	<u> </u>				
_	Nam	e change	Nun	nber and	street (or l	POb	ox if mail i	s not deliv	rered to s	treet ad	idress	;)	Roo	m/su	ite	E	Telephone	numbe	er		
_	Initia	il return	11	22 FR	ANKLI	N A	ENUE	SUIT	ΓE 20	6						(5	16) 24	18 - 4	4817		
L	Tern	ninated	City	or town,	state or p	rovince	e, country,	and ZIP	or foreign	postal	code										
L	Ame retu	inded rn	GA	RDEN	CITY,	NY	11530)								G	Gross recei	pts \$	5	,478	,387.
	Appl	lication	F Nam	ne and ad	ldress of p	ппсіра	l officer									H(a)	Is this a gr		um for	Yes	X No
		-														Н(ь)	subordinato Are all subo		included?	Yes	No
ı	Tax-e	xempt st	atus	X 50	1(c)(3)	T	501(c) () ◀	(insert	t no)		4947(a)(1)	or	T	527	7			ـــــ st (see instri	ر ادtions)	
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(5 3	Numb	er of v	oting me	embers o	t the	jovernin	g boay (F	art VI, I	ine 1a)			• •				3	<u> </u>		5.
5	3 4											'I, line 1b) .						4			5.
0.00000000	5	Total	numbe	r of indiv	viduals ei	mploy	ed in ca	lendar ye	ear 2013	3 (Part	V, lin	ne 2a)						5			31.
į	6				nteers (e										<i>.</i>			6			
	'a																	7a			0
	l h	Net u	relate	d busine	ss taxab	le inco	me from	Form 9	90-T, lin	e 34								7b			0
																Pr	ior Year	····	Cu	rent Y	ear
	, 8	Contri	bution	s and gra	ants (Pari	t VIII,	line 1h)											0			0
,	9	Program service revenue (Part VIII, line 2g)										3	,714,0	26.	5	471	,642.				
01100110	10	Invest	ment ii	ncome (Part VIII	colun	n (A), lir	nes 3, 4,	and 7d)					• •			8,3	76		b	, /45.
٥	11																	0			0
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)										3	,722,4	02.	5	478	,387.				
_	13											<u>,,,</u>					<u> </u>	0			0
	14											· · · · · ·									
	1											nes 5-10)					527,8	36		570	,779.
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ŭ	<u> </u>				enses (P												010 5				
	17	Other	expen	sea (Bar	TIX, colui	mn (A), lines 1 ₹ 201/	1a-18	111-24e)		5)			• •		,818,5		·		,031.
	18	Total	expens	es, Add	lines-13-	- 1-7 (n	ius(-eqt/a	al Part IX	l columi	n (A), I	ine 2	⁵⁾			• •		,346,3				,810.
_	<u> 19</u>	Rever	iue les	s expens	ses Subt	ract li	ne 18 fro	m line 1:	?	<u> </u>	• • •		• •	<u></u>	1		,376,0				<u>,423.</u>
t Assets or	2				ine 16)	a	N 11.	- X-25 24 -	11 11						Beg		of Current		En	d of Yea	er
sse	20	Total	assets	(Part X₊I	inė 16)	· . '.		·	1								,011,6				, 957.
¥.	21	Total	liabilitio	es (Part)	X line 26)	٠											,549,4		31	, 194	,256.
	22				alances	Subtr	act line 2	1 from l	ne 20.		<u></u>			• •	<u>l</u>	1_	<u>,462,1</u>	24.	<u> </u>	705	,701
_	art II			e Block																	
U	nder po	nalties o	of perjur	y, I decla le Declar	ire that I h	enaler	amined t	his retum an officer)	i, includir i is pased	ng acci	ompa Inforn	nying sched nation of wh	lules a	and st	tatements,	and to	the best	of my	knowledge	and b	elief, it is
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Ma	y the	IRS dis	cuss th	nis returi	n with the	ргер	arer show	wn above	e? (see i	nstruc	tions))							. X	'es	No
Fo	r Pape	rwork	Reduc	tion Act	Notice,	see th	e separa	ate instri	uctions			·—						·			2013)
	-				•																. ,

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	rm 990 (2013) art III Statement of Program Service Accomplishments			Page 2
L FC	Check if Schedule O contains a response or note to	any line in this Part III		
	Briefly describe the organization's mission			
	TO PROVIDE RENTAL APARTMENTS FOR PERSONS			
	WITH VERY LOW INCOME			
?	Did the organization undertake any significant program servi prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O			
í	Did the organization cease conducting, or make signification services? If "Yes," describe these changes on Schedule O			
}	Describe the organization's program service accomplishme expenses Section 501(c)(3) and 501(c)(4) organizations are the total expenses, and revenue, if any, for each program services are considered as the section of	e required to report the		
а	(Code) (Expenses \$			5,471,642)
	PERSONS WITH VERY LOW INCOME	****		
				······································
b	(Code) (Expenses \$including g	rants of \$) (Revenue \$)
	•	·		
				
				
С	c (Code) (Expenses \$including g	rants of \$) (Revenue \$)
		······································		
		"		
_	100			
٠d	d Other program services (Describe in Schedule O)) /Davania *	`	
P	(Expenses \$ including grants of \$ e Total program service expenses ▶ 6,234,810.) (Revenue \$)	
SA	A			Form 990 (2013
.0 2	2 000 7 9 6 4 6 M 1 6 0 8 V 1	3-7.1F	4540117	PAGE
			- · ·	

Part IV

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_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		X
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		-	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		1	
	Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		j	
	"Yes," complete Schedule D, Part I	6	İ	х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	- 1	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or		ľ	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	į	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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 Schedule D, Part VI	11a	Х	
ь	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ď	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	
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
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if		 -	
~	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		х
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		х
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		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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Part	M Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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		_ X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? 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, that was issued after December 31, 2002? If "Yes," answer lines 24b	i		
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I,	25a		Х
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 L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	х	İ
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
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		х
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,			ĺ
	Part VI	37	1	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2013)

Form 990 (2013)

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	Statements Regarding Other IRS Filings and Tax Compliance			r-
	Check if Schedule O contains a response or note to any line in this Part V	· · · · ₁		<u>. </u>
4.	Enter the number reported in Day 2 of Come 1000. Cates 0 of ant analysis in		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			}
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
24	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 31			
ь	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 θ -file (see instructions)			-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		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 Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ı	>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		2
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L.
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_ X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		L.
3	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	•		į
	organization, have excess business holdings at any time during the year?	8		7
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		_ X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
)	Section 501(c)(7) organizations. Enter			ļ
	Initiation fees and capital contributions included on Part VIII, line 12	ĺ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	}		1
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
p	Gross income from other sources (Do not net amounts due or paid to other sources		1	Ì
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		├—
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	1		1
3	Section 501(c)(29) qualified nonprofit health insurance issuers		<u> </u>	⊢
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		├
	Note. See the instructions for additional information the organization must report on Schedule O	1		}
þ	Enter the amount of reserves the organization is required to maintain by the states in which	i		
	the organization is licensed to issue qualified health plans		1	
	Enter the amount of reserves on hand	-	<u> </u>	₩.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2013) SOUTHEAST GRAND STREET GUILD HDFC INC. 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 Х supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a Х 86 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c Х 13 13 Х 14 Did the organization have a written document retention and destruction policy?............ 14 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? 15a 15b 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 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \(\subseteq \frac{\text{NY}_1}{2} \) 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Another's website | X | Upon request | Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

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Form 990 (2013)

organization ▶ THE WAVECREST MANAGEMENT TEAM 87-14 116TH STREET RICHMOND HILL, NY 11418

Page 7

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

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

X

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

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

		, 				<u> </u>				
(A) Name and Title	(B) Average hours per week (list any hours for related	office	unles er and	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional trustee	37	Key employee	Highest compensated employee	er	(W-2/1099-MISC)		and related organizations
(1)MONSIGNOR NEIL CONNOLLY DIRECTOR / PRESIDENT	2.00	х		х				C	0	(
(2)REVEREND EDWARD G. BYRNE DIRECTOR / VICE-PRESIDENT	2.00	х		x				C	0	(
(3)MR. KEVIN CRONIN DIRECTOR / SECRETARY	2.00	<u>x</u>		х				C	0	(
	2.00	x						C	0	(
	2.00	х						C	0	(
(6)										
_(7)										·····
_(8)										
						-				
(10)								4		····
(11)		ļ								
(12)		ļ. 			-					
(13)										
(14)			-		_					
100	<u> </u>	<u> </u>			<u></u>			L	<u> </u>	Farm 990 (2012)

Part*VII Section A. Officers, Directors, Tr	1	7				<u> </u>	9				
Name and title	(B) Average hours per	(do	not c	Pos	C) sition : mor	e than o	one	(D) Reportable compensation	(E) Reportable compensation from	Est	(F) imated ount of
	week (list any	box,	unle	ss pe	erson	ıs both	an	from	related	1	other
	hours for	office				or/trus		the	organizations		ensation
	related organizations	Individual trustee or director	Institutional	Officer	Key employee	ag ig	Former	organization	(W-2/1099-MISC)	1	m the inization
	below dotted	ne ct	듵	er	ğ	est o	er	(W-2/1099-MISC)		_	related
	line)	14 =	na		loye	E G				orga	nızatıons
		ste	trustee		ř	pen					
		1 0	tee			Highest compensated employee					
	4		<u> </u>		<u> </u>	ä				<u> </u>	
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	† -	1									
1b Sub-total		4				<i></i>	•	0	C)	
c Total from continuation sheets to Part VII, S	Section A						>	0	C)	
d Total (add lines 1b and 1c)							>	0	C)	
2 Total number of individuals (including but not								ceived more than	\$100,000 of	<u> </u>	
reportable compensation from the organization)			,					
										T	Yes No
3 Did the organization list any former office	cer, directo	or, or	tru	ıste	e.	kev e	emp	lovee, or highes	t compensated		
employee on line 1a? If "Yes," complete Sched	lule J for su	ch ına	lividi	ual						3	x
4 For any individual listed on line 1a, is the	sum of rer	oortah	de r	nom	ner	satio	n ai	nd other compens	sation from the		
organization and related organizations gr											
ındıvıdual										4	x
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y	'es," comple	te Scl	nedu	ıle J	l for	such	per	son		5	X
Section B. Independent Contractors						. <u></u>					
 Complete this table for your five highest concompensation from the organization Report year 											
(A)							Т	(B)		(C)	
Name and business ad	dress							Description of se	rvices	Compens	ation
ATTACHMENT 1							\top				
											
							\mathbb{I}^{-}			• • • • • • • • • • • • • • • • • • • •	
2 Total number of independent contractors (i	ncluding be	ut no	lin	nite	d to	thos	se I	sted above) who	received		
more than \$100,000 in compensation from the	ne organiza	tion 🕽	<u> </u>			3		<u> </u>			
SA BE1055 1 000				-						Form	990 (201
79646M 1608		V	13	-7.	1F			4540117			PAGE 8

13-2679034

Part-VIII	Statement	of	Revenue

`		Check if Schedule O contains a response or note to an	y line in this Part V	<u>/III , , , , , .</u>	<u></u>	X
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns				
. [<u>h</u>	Total Add lines 1a-1f	0		······································	
e Revenue	2a b	RENTAL INCOME	5,471,642	5,471,642		
m Service	c d					
Program	e f g	All other program service revenue	5,471,642			
	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2	6,745	6,745		
l	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties · · · · · · · · · · · · · · · · · · ·	0			
	6a b	Gross rents				
	d 7a	Net rental income or (loss)	0			
	b	Less cost or other basis and sales expenses Gain or (loss)				
	d	Net gain or (loss)				
evenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
Other Re	b c	See Part IV, line 18	0			
	9a	Gross income from gaming activities See Part IV, line 19				
	b c	Less direct expenses	0			
	10a	Gross sales of inventory, less returns and allowances				
	b C	Less cost of goods sold				
	11a					
	b					
	c					
	ď	All other revenue				
	е	Total. Add lines 11a-11d	0			
	12	Total revenue. See instructions ▶	5,478,387	5,478,387		
						Farm 990 (2012)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21. 2 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 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 396,160. 396,160. 8 Pension plan accruals and contributions (include section 29,299. 29,299 401(k) and 403(b) employer contributions) 108,116. 108,116. 37,204. 37,204. 11 Fees for services (non-employees) 275,576. 275,576 a Management 35,597. 35,597 47,347 47,347 d Lobbying e Professional fundraising services. See Part IV, line 17. f Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list tine 11g expenses on Schedule O). 12 Advertising and promotion 14,429. 14,429 14 Information technology 0 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,876,469. 1,876,469 21 Payments to affiliates....... 1,098,718. 1,098,718. 22 Depreciation, depletion, and amortization 128,369 128,369 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 313,808 aREPAIRS & MAINTENANCE 313,808. bUTILITY EXPENSE 821,614 821,614. 8,079 8,079 COTHER RENTING EXPENSES 264,868 dSECURITY CONTRACT 264,868 e All other expenses ATCH 3 779,157 779,157. 6,234,810. 25 Total functional expenses Add lines 1 through 24e 6,234,810. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

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Page 11

Fa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,395,278.	1	1,341,483
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	260,522.	4	177,778.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0	5	0
v	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use Prepaid expenses and deferred charges		8	0
	9	Prepaid expenses and deferred charges ATCH. 4	458.070	9	352,679.
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 34,833,465.			
		Less accumulated depreciation	25,311,770.		27,200,249.
	11	Investments - publicly traded securities	0	11	0
	12	Investments - other securities See Part IV, line 11		12	0
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	3,585,966.		2,827,768.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	31,011,606.		31,899,957.
	17	Accounts payable and accrued expenses	1,405,390.		690,617.
	18	Grants payable		18	0
	19 20	Deferred revenue		19 20	0 0
	21	Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D		21	0
Liabilities	22	Loans and other payables to current and former officers, directors,			0
Ę	22	trustees, key employees, highest compensated employees, and			
Ľia		disqualified persons Complete Part II of Schedule L	0	22	_
	23	Secured mortgages and notes payable to unrelated third parties	28,064,248.		29,818,351.
	24	Unsecured notes and loans payable to unrelated third parties.		24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	79,844.	25	685,288.
	26	Total liabilities. Add lines 17 through 25	29,549,482.		
		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
ဍ	27	Unrestricted net assets	1,462,124.	27	705,701.
3ali	28	Temporarily restricted net assets	0	28	0
ğ	29	Permanently restricted net assets	0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34			
ţ	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,462,124.	33	705,701.
	34	Total liabilities and net assets/fund balances	31,011,606.	34	31,899,957.
					Form 990 (2012)

Form 99	0 (2013)				Pa	ge 1Z
Fart	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,4	78,3	887
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,2	34,8	310.
3	Revenue less expenses Subtract line 2 from line 1	3		- 7	56,4	123.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,4	62,3	24.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6			·	0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		7	05,	701.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	• • • •			
			۳-		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," e	xplain	ın	İ		
•	Schedule O		ļ	_		,,,
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?		• •	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both	трпеа	0			
	[——]					
	Separate basis Consolidated basis Both consolidated and separate basis			2b	х	
þ	Were the organization's financial statements audited by an independent accountant?			20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both	tea on	a			
	X Separate basis Consolidated basis Both consolidated and separate basis					
_		- h+				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over- of the audit, review, or compilation of its financial statements and selection of an independent account	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ϵ		.n		····	-
	Schedule O	vhiaiti	"'	İ		
20	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ın l			1
Sa	the Single Audit Act and OMB Circular A-133?			3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization SOUTHEAST GRAND STREET GUILD HDFC INC.

Employer identification number

c/o c	OMERFORD & DOUG	HERTY LLP							13-	2679	034		
Part I			s (All organizations mu						uctions				
The org	anization is not a priv	ate foundation bed	cause it is (For lines 1 thi	rough 1	11, che	ck only	one box	()					
1	A church, convention	on of churches, or	association of churches of	describe	ed in s	ection	170(b)(1)(A)(i).					
2	A school described	l ın section 170(b)((1)(A)(ii). (Attach Scheduk	эE)									
3	7	•	ervice organization descri			•		•					
4	-	· ·	erated in conjunction wi	th a h	ospital	descr	ibed in	sectio	n 170(b)(1)(A)(ıii). E	nter	the
. ——	hospital's name, cit												
5			nefit of a college or unive	ersity o	owned	or ope	erated b	y a go	vernme	ntal u	nıt des	cribed	d in
	section 170(b)(1)(A		•										
<u> </u>	-	-	or governmental unit des										
7	-		es a substantial part of its	s supp	ort tro	m a go	vernme	ntai un	it or iro	m the	gene	aı pu	DIIC
• [described in sectio		, ,	nloto D	10 mt 11 \								
8 X	-		on 170(b)(1)(A)(vi). (Com es (1) more than 331/3%	•	,	rt from	contrib	utions	mombo	archin	foor o	nd a	
9 <u> </u>	_		exempt functions - subj									_	
	•		ome and unrelated busin			-							
			ne 30, 1975 See section							(uz) !!	0117 50	2011100	1303
10	-, · · · · ·	•	ted exclusively to test for		• • •	•		•	۲.				
11	⊣ `	•	rated exclusively for the	•	•			, ,,		or to	carry	out	the
• •		-	ipported organizations de										
	• •	•	es the type of supporting					•					
	a Type I	b Type !!	c Type III-Function	nally in	tegrate	ed	d	Type III	-Non-fu	inction	nally int	egrate	ed
e 🗌	By checking this be	ox, I certify that the	e organization is not con	trolled	directl	y or inc	directly	by one	or more	e disq	ualified	pers	ons
	other than foundat	ion managers and	other than one or more	publicly	y supp	orted o	rganiza	tions d	escribe	d in s	ection :	509(a	1)(1)
	or section 509(a)(2	?)											
f	If the organization	received a writte	n determination from the	e IRS	that it	ıs a T	ype I, T	ype II,	or Type	e III s	upport	ing _	
												L	
g	Since August 17, 2	2006, has the orga	nization accepted any gift	or cor	ntributi	on fron	n any of	the					
	following persons?												
			tly controls, either alone		ether v	vith pe	rsons de	escribe	(וו) חו ל	and		Yes	No
			the supported organization	on"							11g(ı)		
			scribed in (i) above?								11g(II)		
			son described in (i) or (ii) a out the supported organiza								11g(III)	LL	
h	Name of supported	(ii) EIN	(iii) Type of organization	(iv)		(v) Ord .	ou notify	6)	s the	(1411) 0	mounto		
(1)	organization	(11) (11)	(described on lines 1-9	organiz	cation in		anization		s me ation in	(411) /-	mount o suppo		дагу
			above or IRC section (see instructions))	your go			of your		rganized US?				
			(55555 555))	Yes	No	Yes	No	Yes	No				
					 								
(A)													
(D)													
(B)						l	<u> </u>						_
(C)													
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Par	Support Schedule for Orga (Complete only if you checke Part III If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	(vi) alify under
Sec	tion A. Public Support		···		•		
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		 	 	 		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on inne 1 that exceeds 2% of the amount shown on line 11, column (f) Public support Subtract line 5 from line 4						
	tion B. Total Support					<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4		(2)	(0) 20 11	10,2012	(9) = 5 :-	(7)
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support Add lines 7 through 10	L	<u></u>	<u> </u>	<u> </u>	ļ	
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup				· · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2013 (li						<u>%</u>
15	Public support percentage from 2012						<u> </u>
16a	331/3% support test - 2013. If the c						
	this box and stop here. The organizati						
b	331/3% support test - 2012. If the	-					
47-	check this box and stop here. The org						
1 / a	10%-facts-and-circumstances test - 10% or more, and if the organization						
	Part IV how the organization meets					-	•
	<u>~</u>			•	•		supported
h	organization						and line
	15 is 10% or more, and if the org		-				
	Explain in Part IV how the organizat						•
	supported organization				•	•	
18	Private foundation. If the organization						
	instructions						
							990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support	·					
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	0	o	ا	0	o	0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	2,608,116	2,539,616	2,558,805	3,714,026	5,471,642	16,892,205
3	Gross receipts from activities that are not an	2,000,110	2,339,816	2,338,603	3,714,026	3,471,642	16,632,203
•	unrelated trade or business under section 513						•
4	Tax revenues levied for the						
4	1						
	organization's benefit and either paid						
_	to or expended on its behalf				-		0
5	The value of services or facilities			ĺ			
	furnished by a governmental unit to the						
	organization without charge						0
6	Total Add lines 1 through 5	2,608,116	2,539,616	2,558,805	3,714,026	5,471,642	16,892,205
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons	···					0
b	received from other than disqualified						
	persons that exceed the greater of \$5,000	1			'	Ì	
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b						0
8	Public support (Subtract line 7c from				 		
	line 6)						16,892,205
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6,	2,608,116	2,539,616	2,558,805	3,714,026	5,471,642	16,892,205
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	843	4,454	6,765	8,376	6,745	27,183
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	843	4,454	6,765	8,376	6,745	27,183
11	Net income from unrelated business			7,7,32			
•	activities not included in line 10b,		ļ				
	whether or not the business is regularly						0
	carried on						
12	Other income Do not include gain or loss from the sale of capital assets					[
	·						
13	(Explain in Part IV)	7					
13	, , , , , , , , , , , , , , , , , , , ,						
4.4	and 12)		2,544,070	2,565,570			16,919,388
14	First five years If the Form 990 is for	-				-	
500	organization, check this box and stop here						• • • • • • • • • • • • • • • • • • • •
	tion C. Computation of Public Sup			(6)		T 4.5 T	00 04 0
15	Public support percentage for 2013 (line 8					15	99.84 %
16	Public support percentage from 2012 Sche			 		16	99.83%
Sec	tion D. Computation of Investmen					, , , , , , , , , , , , , , , , , , , 	
17	Investment income percentage for 2013 (lin					17	.16%
18	Investment income percentage from 2012					18	.17%
19 a	33 1/3 % support tests - 2013. If the org						
	17 is not more than 331/3%, check th	is box and stop	here. The orga	anization qualifie	s as a publicly	supported organi	zation 🕨 🗓
b	33 1/3 % support tests - 2012. If the orga	anization did not	check a box on I	line 14 or line 19	a, and line 16 is	more than 331/3	3 %, and
	line 18 is not more than 331/3%, check	this box and st	op here The or	ganization qualifi	es as a publicly	supported organi	zation 🕨
20	Private foundation If the organization	did not check	a box on line 1	14, 19a, or 19b	, check this bo	x and see instr	uctions >
JSA	1 1 000				5	chedule A (Form 9	90 or 990-EZ) 2013

Schedule A' (Form 990 or 990-EZ) 2013

Page 4

Part IV. Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

SCHEDÙLE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

20**13**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization SOUTHEAS'T GRAND STREET GUILD HDFC INC. Employer identification number C/O COMERFORD & DOUGHERTY LLP 13-2679034 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part 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 2 Aggregate contributions to (during year) Aggregate grants from (during 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? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 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 education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ ______ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 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 section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

Schedule D (Form 990) 2013

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

27,200,249.	

Schedule D (Form 990) 2013

1a Land...................

c Leasehold improvements........d Equipment

(other)

33,847,483

100,000

885,982

(investment)

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))...

depreciation

7,007,223

625,993

100,000.

259,989.

26,840,260.

Part VII Investo	13			Page
	n ents - Other Securities. ete if the organization answered	"Yes" to Form 990.	. Part IV, line 11b See Form 99	0. Part X. line 12
(a) Descrip	otion of security or category ding name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation
(1) Financial derivativ	res			
	ty interests			
(3) Other				
(A)				
(B)				
(C)				
<u>(D)</u>				
<u>(E)</u>				
(G)				
(H)				
Total (Column (b) must ec	ual Form 990, Part X, col (B) line 12)			
	nents - Program Related.	-		
	ete if the organization answered		, Part IV, line 11c. See Form 99	0, Part X, line 13
(a) De	scription of investment	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(4)			Cost of end-of-year fin	arket value
(1) (2)				
(3)				<u></u>
(4)				
(5)				
(6)				
(7)				
_(8)				
(9)				
	qual Form 990, Part X, col (B) line 13)			
				
	Assets.	"Voo" to Form 000	Dest IV line 11d See Form 00	O Dart V line 15
	ete if the organization answered		, Part IV, line 11d See Form 99	
Compl	ete if the organization answered (a)	"Yes" to Form 990 Description	, Part IV, line 11d See Form 99	(b) Book value
(1) ESCROW DEPO	ete if the organization answered (a) OSIT		, Part IV, line 11d See Form 99	(b) Book value 353, 925
Compl	ete if the organization answered (a) DSIT C RESERVE		, Part IV, line 11d See Form 99	(b) Book value 353, 925 1,832,085
(1) ESCROW DEPO	ete if the organization answered (a) DSIT C RESERVE		, Part IV, line 11d See Form 99	(b) Book value 353, 925 1,832,085
(1) ESCROW DEPO (2) REPLACEMENT (3) OTHER RESER	ete if the organization answered (a) DSIT C RESERVE		, Part IV, line 11d See Form 99	(b) Book value 353, 925 1,832,085
(1) ESCROW DEPO (2) REPLACEMENT (3) OTHER RESER (4)	ete if the organization answered (a) DSIT C RESERVE		, Part IV, line 11d See Form 99	(b) Book value 353, 925 1,832,085
(1) ESCROW DEPO (2) REPLACEMENT (3) OTHER RESER (4) (5) (6) (7)	ete if the organization answered (a) DSIT C RESERVE		, Part IV, line 11d See Form 99	(b) Book value 353, 925 1,832,085
(1) ESCROW DEPO (2) REPLACEMENT (3) OTHER RESER (4) (5) (6) (7) (8)	ete if the organization answered (a) DSIT C RESERVE		, Part IV, line 11d See Form 99	(b) Book value 353, 925 1,832,085
(1) ESCROW DEPO (2) REPLACEMENT (3) OTHER RESER (4) (5) (6) (7) (8) (9)	ete if the organization answered (a) OSIT C RESERVE RVES	Description		(b) Book value 353,925 1,832,085 641,758
(1) ESCROW DEPO (2) REPLACEMENT (3) OTHER RESER (4) (5) (6) (7) (8) (9)	ete if the organization answered (a) DSIT RESERVE RVES	Description		(b) Book value 353,925 1,832,085 641,758
(1) ESCROW DEPO (2) REPLACEMENT (3) OTHER RESER (4) (5) (6) (7) (8) (9) Total. (Column (b) m	ete if the organization answered (a) OSIT C RESERVE RVES	Description		(b) Book value 353, 925 1,832,085 641,758
(1) ESCROW DEPO (2) REPLACEMENT (3) OTHER RESER (4) (5) (6) (7) (8) (9) Total. (Column (b) m Part X Other L Compl	ete if the organization answered (a) DSIT RESERVE RVES DUST equal Form 990, Part X, col (B) II. Liabilities. ete if the organization answered	Description ine 15) I "Yes" to Form 990	, Part IV, line 11e or 11f See Fo	(b) Book value 353,925 1,832,085 641,758
(1) ESCROW DEPO (2) REPLACEMENT (3) OTHER RESER (4) (5) (6) (7) (8) (9) Total. (Column (b) m Part X Other L Compl line 25	ete if the organization answered (a) DSIT C RESERVE RVES Dust equal Form 990, Part X, col (B) II. Liabilities. ete if the organization answered	Description	, Part IV, line 11e or 11f See Fo	(b) Book value 353,925 1,832,085 641,758
(1) ESCROW DEPO (2) REPLACEMENT (3) OTHER RESER (4) (5) (6) (7) (8) (9) Total. (Column (b) m Part X Other L Compl line 25 1 (a) (1) Federal income	ete if the organization answered (a) DSIT C RESERVE RVES Dust equal Form 990, Part X, col (B) II. Liabilities. ete if the organization answered	Description Ine 15)	, Part IV, line 11e or 11f See Fo	(b) Book value 353,925 1,832,085 641,758
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(1) ESCROW DEPO (2) REPLACEMENT (3) OTHER RESER (4) (5) (6) (7) (8) (9) Total. (Column (b) m Part X Other L Compl line 25 1 (a) (1) Federal income (2) TENANT SECU	ete if the organization answered (a) DSIT C RESERVE RVES Dust equal Form 990, Part X, col (B) II Liabilities. ete if the organization answered Description of liability E taxes JRITY DEPOSITS VENUE	Description Ine 15)		(b) Book value 353,925 1,832,085 641,758
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Complete (1) ESCROW DEPO (2) REPLACEMENT (3) OTHER RESER (4) (5) (6) (7) (8) (9) Total. (Column (b) m Part X Other L Complete (1) Federal income (2) TENANT SECU (3) PREPAID REV (4) DEVELOPER E (5) (6)	ete if the organization answered (a) DSIT C RESERVE RVES Dust equal Form 990, Part X, col (B) II Liabilities. ete if the organization answered Description of liability E taxes JRITY DEPOSITS VENUE	Description Interpretation The 15)		(b) Book value 353, 925 1,832,085 641,758
(1) ESCROW DEPO (2) REPLACEMENT (3) OTHER RESER (4) (5) (6) (7) (8) (9) Total. (Column (b) m Part X Other L Compl line 25 1 (a) (1) Federal income (2) TENANT SECU (3) PREPAID REV (4) DEVELOPER E (5) (6) (7)	ete if the organization answered (a) DSIT C RESERVE RVES Dust equal Form 990, Part X, col (B) II Liabilities. ete if the organization answered Description of liability E taxes JRITY DEPOSITS VENUE	Description Interpretation The 15)		(b) Book value 353, 925 1,832,085 641,758
(1) ESCROW DEPO (2) REPLACEMENT (3) OTHER RESER (4) (5) (6) (7) (8) (9) Total. (Column (b) m Part X Other L Compl line 25 1 (a) (1) Federal income (2) TENANT SECU (3) PREPAID REV (4) DEVELOPER E (5) (6) (7) (8)	ete if the organization answered (a) DSIT C RESERVE RVES Dust equal Form 990, Part X, col (B) II Liabilities. ete if the organization answered Description of liability E taxes JRITY DEPOSITS VENUE	Description Interpretation The 15)		(b) Book value 353, 925 1,832,085 641,758
(1) ESCROW DEPO (2) REPLACEMENT (3) OTHER RESER (4) (5) (6) (7) (8) (9) Total. (Column (b) m Part X Other L Compl line 25 1 (a) (1) Federal income (2) TENANT SECU (3) PREPAID REV (4) DEVELOPER REV (5) (6) (7) (8) (9)	ete if the organization answered (a) DSIT C RESERVE RVES Dust equal Form 990, Part X, col (B) II Liabilities. ete if the organization answered Description of liability E taxes JRITY DEPOSITS VENUE	Description Interpretation The 15)	Part IV, line 11e or 11f See Fore 976. 186. 126.	(b) Book value 353, 925 1,832,085 641,758

Schedule D (Form 990) 2013

JSA 3E1271 1 000 Schedule D (Form 990) 2013

13-2679034

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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 '

Name of the organization

SOUTHEAST GRAND STREET GUILD HDFC INC.

C/O COMERFORD & DOUGHERTY LLP

Employer identification number 13-2679034

CONFLICT OF INTEREST POLICY - MONITORING (FORM 990, SECTION B- LINE 12C) EACH OFFICER, DIRECTOR OR TRUSTEE IS REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS IN A BOARD MEETING. IF AN ITEM OF CONFLICT COMES TO SURFACE, THE BOARD DISCUSSES AND VOTES ON IT BEFORE AWARDING ANY CONTRACTS.

DOCUMENTS MADE AVAILABLE TO PUBLIC. (FORM 990, SECTION C- LINE 19) THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ETC. ARE MADE AVAILABLE TO PUBLIC UPON REQUEST, THE COPIES OF THESE DOCUMENTS ARE KEPT AT THE MANAGING AGENT'S OFFICE AND ONCE REQUESTED, THE AGENT WILL MAIL SUCH COPIES BY REGULAR MAIL.

REVIEW OF FORM 990 BY GOVERNING BODY (FORM 990, SECTION B - LINE 11B) A TENTATIVE DRAFT OF THE FORM 990 (BEFORE IT IS FINALIZED AND SENT TO IRS) IS SENT TO THE ORGANIZATION'S LEGAL COUNSEL VIA EMAIL, WHO REVIEWS AND DISCUSSES THE RETURN WITH THE GOVERNING BODY ALONG WITH THE UNDERLYING FINANCIAL STATEMNTS. ANY SUGGESTED CHANGES OR COMMENTS AND QUESTIONS ARE THEN DISCUSSED WITH THE CPA BY A CONFERENCE CALL.

ATTACHMENT 1

PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

WAVECREST MANAGEMENT 87-14 116 STREET RICHMOND HILL, NY 11418 MGMT/BOOKEEPING FEES

243,088.

DEFENDER SECURITY SERVICES, INC. 97-29 64TH ROAD, 2ND FLOOR

SECURITY

238,187

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

Schedule O (Form 990 or 990-EZ) (2013)

JSA 3E1227 1 000

Name of the organization

SOUTHEAST GRAND STREET GUILD HDFC INC.

C/O COMERFORD & DOUGHERTY LLP

Employer identification number

13-2679034

ATTACHMENT 1 (CONT'D)

990, PART_VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

REGO PARK, NY 11374

MDG DESIGN & CONSTRUCTION 1328 NEW YORK AVENUE HUNTINGTON STATION, NY 11746 GENERAL CONTRACTOR

3,786,655

FORM 990, PART VIII - INVESTMENT INCOME

(A)

(B)

(C)

ATTACHMENT 2

(D)

DESCRIPTION

DESCRIPTION

TOTAL

RELATED OR REVENUE EXEMPT REVENUE

UNRELATED BUSINESS REV.

EXCLUDED REVENUE

INTEREST INCOME

6,745.

6,745.

TOTALS

6,745 6,745.

FORM 990, PART IX - OTHER EXPENSES

(A) (B) TOTAL, PROGRAM EXPENSES SERVICE EXP. (C)

ATTACHMENT 3

(D)

BAD DEBTS

48,923.

MANAGEMENT FUNDRAISING AND GENERAL EXPENSES

MISC. TAXES, LICENSE & PERMIT MISC. ADMINISTRATIVE EXPENSES 31,046. 1,977

31,046. 1,977.

48,923.

MORTGAGE INSURANCE PREMIUM

230,872.

230,872

REAL ESTATE TAXES

79646M 1608

TOTALS

466,339.

466,339.

779,157. 779,157. Name of the organization C/O COMERFORD & DOUGHERTY LLP

SOUTHEAST GRAND STREET GUILD HDFC INC.

Employer identification number

13-2679034

ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

ENDING DESCRIPTION BOOK VALUE PREPAID INSURANCE 11,508. PREPAID LEGAL FEE 15,000. PREPAID WATER AND SEWER PREPAID REAL ESTATE TAXES 128,372. PREPAID MORTGAGE INSURANCE 197,799. TOTALS 352,679. 13-2679034

SCHEDULE R (Form 990)

Internal Revenue Service Name of the organization Department of the Treasury

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

Related Organizations and Unrelated Partnerships

	2013	Open to Public	Inspection	
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OMB No 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs gov/form990.

13-2679034

Employer identification number

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Part I

SOUTHEAST GRAND STREET GUILD HDFC INC.

C/O COMERFORD & DOUGHERTY LLP

	(a) Name, address, and EiN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling
(1)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		in the second se			
.(2)							
(3)							
(4)	(4)						
(5)							
(6)							
Part	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	complete if the or	ganization answ	rered "Yes" on Fo	orm 990, Part IV,	line 34 because	t had
	(a)	(a)	(c)	9	(9)	G)	(5)

(g) Section 512(b)(13) controlled entity?	ο _N		×		×		×				
Section (cont	Yes										
(f) Direct controlling entity			N/A		N/A		N/A				
(e) Public chanty status (if section 501(c)(3))			EXEMPT		EXEMPT						
(d) Exempt Code section			501(C)3		501(C)3						
(c) Legal domicile (state or foreign country)			NY		NY		NY				
(b) Primary activity			REAL ESTATE		REAL ESTATE		REAL ESTATE				
(a) Name, address, and EIN of related organization		(1) GRAND STREET GUILD EAST HFDC INC 13-2679032	40			(3) ATTORNEY STREET DEVELOPMENT, INC 46-4832959	1122 FRANKLIN AVENUE, SUITE 40 GARDEN CITY, NY 11350	(4)			
		(1) GRAND STREET	1122 FRANKLIN	(2) GRAND STREET GUILD HFDC INC	1122 FRANKLIN	(3) ATTORNEY STRE	1122 FRANKLIN	(4)	(5)	(9)	-(7)

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

JSA 3E1307 1 000

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Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

13-2679034

Page 2 (I)
Section
512(b)(13)
controlled
entity? Yes No Schedule R (Form 990) 2013 (k) Percentage ownership ownership (h) Percen-tage (J) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 (g) Share of end-of-year assets (i)
Code V-UBI
amount in box 20
of Schedule K-1
(Form 1065) (f) Share of total (h) Disproportemb Yes No ıncome (g) Share of end-of-year assets (e)
Type of entity
(C cop. S cop. or trust) (f) Share of total income (d) Direct controlling entity because it had one or more related organizations treated as a partnership during the tax year (e)
Predominant
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Schedule R (Form 990) 2013

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

		,	1						3	
(a) Name, address, and EiN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners, section. 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI ameunt in box 20 of Schedule K-1	General or managing partner?	(k) Percentage ownership
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Schedule R (Form 990) 2013

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Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)