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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 private foundations)

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

<u> </u>	OI LI	10 20 1	4 calendar year, or tax year be	<u> </u>	07/01,2014					50, 20 15
Вс	heck if a	nnicable	C Name of organization SOUTHEAS		GUILD HDF	C INC.	١٥	Employer idei		n number
	_		C/O COMERFORD & DOUG	HERTY LLP				13-2679	9034	
	Addre		Doing business as	· · · · · · · · · · · · · · · · · · ·						
L	Name	change	Number and street (or P O box if ma	E	E Telephone number					
	Initial	return	1122 FRANKLIN AVENUE	SUITE 206			(516) 24	8 - 481	.7
	Final -	return/ nated	City or town, state or province, count	ry, and ZIP or foreign postal of	code					
	Amen	ded	GARDEN CITY, NY 1153	0			G	Gross receipt	s \$	7,503,974.
	Applic	cation	F Name and address of principal officer				Н(a) is this a grou		Yes X No
	_ penui	ng .					Н	subordinates: b) Are all subord		ed? Yes No
$\overline{}$	Tax-ex	empt st	atus X 501(c)(3) 501(c)	() ◀ (insert no)	4947(a)(1)	or 527	┪`	•		ee instructions)
		te 🕨		() ((modifie)	1011(0)(1)	1	- Н	c) Group exemp		
		of organ	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Association Other		I Year of form		1970 M		
_	irt I		ımmary	/ togodiation Other		E rear or ion	mation	2370111	otate of i	egai dofffiche 111
			describe the organization's missio		TO PRO	WIDE BENTA	Δ T. Δ	D D D TM F N T	'S FO	DEDSONS
	•		H VERY LOW INCOME	n or most significant activ	ides 10 110	VIDE KENIF				K FERSONS
nce			TOW INCOME							
r.	_									
Governance			this box I if the organizatio	•	•	"/ "	F 4 -		- I	r
			er of voting members of the govern			. TICU	E! A		3	5.
Activities &			er of independent voting members			7			4	5.
ŧ	5	Total	number of individuals employed in o			91 · NOV 1	9 2	nar · · · ·	5	26.
ŧ			number of volunteers (estimate if ned	cessary)		1	4 6	الم الم	<u> </u>	
<			unrelated business revenue from Pai					&	7a	0
	b	Net ur	nrelated business taxable income fro	m Form 990-T, line 34 .	<u> </u>	OGDE			7b	0
						The state of the s	L.P	rior Year		Current Year
ا به	8	Contri	butions and grants (Part VIII, line 1h)					0	0
Revenue	9	Progra	am service revenue (Part VIII, line 2g))			5	,471,64	2.	7,498,457.
ě	10	Invest	ment income (Part VIII, column (A),	lines 3, 4, and 7d)				6,74	5.	5,517.
~			revenue (Part VIII, column (A), lines						0	Ō
			revenue - add lines 8 through 11 (m				5	,478,38	7.	7,503,974.
			s and similar amounts paid (Part IX,						0	0
l							`		0	0
ا ب								570,77	9.	648,282.
Expenses			ssional fundraising fees (Part IX, colu						0	0
e e			fundraising expenses (Part IX, colum							
۵			expenses (Part IX, column (A), lines					,664,03	1 .	5,604,347.
			expenses Add lines 13-17 (must eq					,234,81		6,252,629.
								-756,42		1,251,345.
ces	19	Rever	nue less expenses Subtract line 18 f	rom line 12	<u> </u>			of Current Y		End of Year
\$ 50 E	20							,899,95		
SSB			assets (Part X, line 16)			• • • • • • • •				32,851,977.
Net Ass Fund Bal			liabilities (Part X, line 26)				21	,194,25		30,894,931.
			ssets or fund balances Subtract line	21 from line 20				705,70	<u> </u>	1,957,046.
	rt III		gnature Block							
Und	ler pen . corre	nalties c ct. and	of perjury, I declare that I have examined complete. Declaration of preparer (other to	l this return, including acco han officer) is based on all ii	mpanying schedu nformation of whice	les and statements ch preparer has an	s, and v know	to the best of ledae	my know	wledge and belief, it is
	<u> </u>	 -	A C 1	- 			-	Ĭ	1.0	
Sia.	_		Tun Cirun					4116	<u> 112</u>	
Sig Her			Signature of officer	6				Date		
nei	е		100 VOUIN CR	nn, Kesick	3/7					
			Type or print name and title							
		Print/	Type preparer's name	Preparer's signature	,	Date		Check	If PTIN	1
Paid		MAR	CO SVAGNA	Marison	Car	10/201	15	self-employe	d I	200217291
-	arer	Firm's	name ▶BERDON LLP					m's EIN ▶ 1	3-048	5070
use	Only		address >360 MADISON AVE	NEW YORK, NY 1	0017					2-0400
Mav	the I	·	cuss this return with the preparer sh					one no _		X Yes No
			Reduction Act Notice, see the sepa		/	 .	· · · ·		<u></u>	Form 990 (2014)

JSA 4E1010 1 000 79646M 1608

Form 990 (2014)				Page
Part III Statement of Pro	ogram Service Accomplis	hments		
		or note to any line in this Part III		<u>L</u>
1 Briefly describe the organ	APARTMENTS FOR PER	SONS		
WITH VERY LOW INCO		CONO		
WITH VERT BOW TROO	710			
 				
		gram services during the year v		
prior Form 990 or 990-EZ	ew services on Schedule O			Yes X No
		e significant changes in how	it conducts any program	
services?		· · · · · · · · · · · · · · · · · · ·		Yes X No
If "Yes," describe these ch	_	implishments for each of its t	broo largast program conso	
expenses Section 501(c)		zations are required to report		
1a (Code) (Exp	enses \$ 6,252,629 Ir	ncluding grants of \$) (Revenue \$	7.498.457
	NS AND OPERATES 20	O RENTAL APARTMENTS FO	OR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PERSONS WITH VERY	LOW INCOME			
				
				
		···		
h (Code) (Exp	enses \$ ir	icluding grants of \$	\ (Revenue \$, , , , , , , , , , , , , , , , , , ,
b (Code) (Exp	- III) (Ivevelide a	······································
				
 	· · · · · · · · · · · · · · · · · · ·			
				
c (Code) (Exp	enses \$ın	cluding grants of \$) (Revenue \$)
				
				
				<u> </u>
				
				
				
d Other program services (I	Describe in Schedule (C.)			
(Expenses \$	including grants of \$) (Revenue \$	I	
e Total program service exp				
SA	51.555 F 57.55E	.,		Form 990 (2014)
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	990 (2014)			Page 3
Par	Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		١.,	
2	complete Schedule A	1	X	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
	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.			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	}		
	Part III	5		Х
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			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
9	complete Schedule D, Part III	8		X
9	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 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,"		İ	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			-
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
a	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	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	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 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	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ļ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	_		.,
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	4.		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		<u>X</u>
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''	\dashv	
	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		Χ
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	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	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			
•	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	$ Did the organization \ report \ more \ than \ \$5,000 \ of \ grants \ or \ other \ assistance \ to \ or \ for \ domestic \ individuals \ on $			
	Part IX, column (A), line 2? 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		Х
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			İ
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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 I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or 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		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		-	
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
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	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		Ů	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		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,			v
	Part VI	37		X
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	X	

Form 990 (2014)

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	nd Tax Compliance			
Check if Schedule O contains a response of	note to any line in this Part V	÷	Yes	No.
1à Enter the number reported in Box 3 of Form 1096 Enter	-0- if not applicable 1a 5			140
b Enter the number of Forms W-2G included in line 1a En				
c Did the organization comply with backup withhold	· · · · · · · · · · · · · · · · · · ·			1
reportable gaming (gambling) winnings to prize winners?		1c		
2a Enter the number of employees reported on Form V				
Statements, filed for the calendar year ending with or wit	_			
b If at least one is reported on line 2a, did the organiz	in the year coroled by the retain :	2b	х	ı
	ou may be required to e-file (see instructions)			
Ba Did the organization have unrelated business gross incom		3a	J	Х
b If "Yes," has it filed a Form 990-T for this year? If "No" to I	- · · · · · · · · · · · · · · · · · · ·	3b		
a At any time during the calendar year, did the organizati	····	-		
	s a bank account, securities account, or other financial	ŀ		
account)?		4a		Х
b If "Yes," enter the name of the foreign country ▶	• • • • • • • • • • • • • • • • • • • •			
		- 1	1	
See instructions for filing requirements for FinCEN Forr (FBAR)	m 114, Report of Foreign Bank and Financial Accounts	1		
a Was the organization a party to a prohibited tax shelter t	transaction at any time during the tay year?	5a	İ	Х
Did any taxable party notify the organization that it wa	- · · · · · · · · · · · · · · · · · · ·	5b		X
of lives to line 5a or 5b, did the organization file Form 88		5c		
a Does the organization have annual gross receipts the		-		
organization solicit any contributions that were not tax de		6a	}	Х
b If "Yes," did the organization include with every solicit		-		
gifts were not tax deductible?	· · · · · · · · · · · · · · · · · · ·	6b		
Organizations that may receive deductible contribution		-		
Did the organization receive a payment in excess of \$	1 1			
		7a		Х
o If "Yes," did the organization notify the donor of the value		7b		
c Did the organization sell, exchange, or otherwise dis	- · · · · · · · · · · · · · · · · · · ·	-		
required to file Form 8282?		7c		Х
If "Yes," indicate the number of Forms 8282 filed during		' +		
Did the organization receive any funds, directly or indire		7e		Х
Did the organization receive any funds, directly of main Did the organization, during the year, pay premiums, dire		7f		- X
If the organization received a contribution of qualified intellect		7g		
If the organization received a contribution of cars, boats, airplar		7h		
Sponsoring organizations maintaining donor advised	,,,	7 11		
sponsoring organizations maintaining donor advised sponsoring organization have excess business holdings a	•	8		Х
Sponsoring organization have excess business noidings a Sponsoring organizations maintaining donor advised fu	The state of the s	-		
Did the sponsoring organization make any taxable distrib		9a		Х
Did the sponsoring organization make a distribution to a		9b	-	- X
Section 501(c)(7) organizations. Enter	donor, donor advisor, or related person?	30		
Initiation fees and capital contributions included on Part	VIII. line 12 10a		l	
Gross receipts, included on Form 990, Part VIII, line 12,				
Section 501(c)(12) organizations. Enter	for public use of club facilities [100]			
	11a			
Gross income from members or shareholders				
Gross income from other sources (Do not net amou	•			
against amounts due or received from them)		2a	- 1	
a Section 4947(a)(1) non-exempt charitable trusts. Is the		Za		
b If "Yes," enter the amount of tax-exempt interest receive			ļ	
Section 501(c)(29) qualified nonprofit health insurance		20		
		3a		
	organization must report on Schedule O	ľ		
Note. See the instructions for additional information the	the manner to the other states of the states	- 1	- 1	
Note. See the instructions for additional information the construction Enter the amount of reserves the organization is required		ł		
Note. See the instructions for additional information the obline the amount of reserves the organization is required the organization is licensed to issue qualified health plans	S			
Note. See the instructions for additional information the obline between the amount of reserves the organization is required the organization is licensed to issue qualified health plans center the amount of reserves on hand	13b 13c	_		- ,-
 b Enter the amount of reserves the organization is required the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand	13b 13c	4a		Х
Note. See the instructions for additional information the obline between the amount of reserves the organization is required the organization is licensed to issue qualified health plans	13b 13c 13c	4b	990 (

Form 990 (2014) SOUTHEAST GRAND STREET GUILD HDFC INC. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 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 1b b 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 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct Χ 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body?...... 8a X 8b 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ X 13 13 Χ 14 14 Did the organization have a written document retention and destruction policy?.......... 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. Χ 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 $\triangleright_{-}^{\mathrm{NY}}$. 17 18 available for public inspection. Indicate how you made these available. Check all that apply

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)

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

State the name, address, and telephone number of the person who possesses the organization's books and records > 20 THE WAVECREST MANAGEMENT TEAM 87-14 116TH STREET RICHMOND HILL, NY 11418

Form 990 (2014)

JSA 4E 1042 1 000

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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	orga	nıza	tion	CO	mpen	sate	ed any current offic	er, director, or trus	stee																																	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional trustee Or director		check more than one less person is both an ind a director/trustee)		Position of check more than one inless person is both an and a director/trustee)		Position t check more than one nless person is both an and a director/trustee)		Position on the check more than one ix, unless person is both an icer and a director/trustee) (D) Reportable compensation from related		on nore than one son is both an ector/trustee)		osition ck more than one person is both an director/trustee)		osition ck more than one person is both an director/trustee)		k more than one erson is both an director/trustee)		more than one rson is both an irector/trustee)		ore than one on is both an ctor/trustee)		on nore than one on is both an ector/trustee)		Position eck more than one person is both an a director/trustee)		Position eck more than one s person is both an a director/trustee)		heck more than one ss person is both an d a director/trustee)		eck more than one s person is both an a director/trustee)		Position neck more than one is person is both an la director/trustee)		sition k more than one erson is both an director/trustee)		k more than one erson is both an director/trustee)		Position eck more than one person is both an a director/trustee)		Reportable compensation from related	(F) Estimated amount of other compensation from the organization and related organizations
	2.00	Х		x				0	0	0																																	
(2)REVEREND EDWARD G. BYRNE DIRECTOR / VICE-PRESIDENT	2.00	Х		х				0	0	0																																	
(3)MR. KEVIN CRONIN DIRECTOR / SECRETARY	2.00	Х		х			!	0	0	0																																	
	2.00	Х						0	0	0																																	
(5)MR. ANGEL GARCIA DIRECTOR	2.00	Х		_				0	0	0																																	
(10)	,																																										
(11)																																											
(12)					ļ																																						
(13)																																											
(14)																																											

Form 990 (2014)

Page 8

Part VII Section A. Officers, Directors, True	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employ	ees (c	ontinue	d)	
` (A)			(D)	(E)			(F)						
Name and title	Average	(do	not c		sition	e than o	nn o	Reportable	Reportab			timated ount of	
•	hours per week (list any					ıs both		compensation from	compensation related			other	
	hours for	office		dac	lirect	tor/trus	ee)	the	organizatio			pensatio	on
	related	or d	Inst	Officer	ey.	emp High	Former	organization	(W-2/1099-N			om the	_
	organizations below dotted	vidu	itut	er Ee	em	nest	ner	(W-2/1099-MISC)		1	•	anızatıor 1 related	
	line)	Individual trustee or director	nstitutional trustee		Key employee	è con						nızatıor	
		ıste	trus		ď	pen			į				
		(D	ee			Highest compensated employee	ĺ		ĺ				
		-	-		 	-		-				···	
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	 		١.,										
1		 -	 				<u> </u>			-			
1b Sub-total								0		0		•	0
c Total from continuation sheets to Part VII, S	ection A						>	0		0			0
d Total (add lines 1b and 1c)							>] 0		<u> </u>			0
2 Total number of individuals (including but not		hose	liste	d al	bove	e) who	o re	eceived more than	\$100,000 of	:			
reportable compensation from the organization)					.=			I	V	
3 Did the organization list any former office	or directo	r or	tri	ıcto	_	kov o	mn	alovos or highest	componen	tod		Yes	No
employee on line 1a? If "Yes," complete Schedu											3		Х
4 For any individual listed on line 1a, is the											1-3-1		
organization and related organizations gro												1	
ındıvıdual											4		X
5 Did any person listed on line 1a receive or	accrue co	mpen	satı	on f	fron	n any	un	related organization	on or individ	ual			
for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	ile J	for	such	per	son		<u></u>	5		X
Section B. Independent Contractors	noncotod u	ndone	ndo		000	traata	t	hat recoved more	than \$100	000 0			
1 Complete this table for your five highest com- compensation from the organization. Report of	ompensati	naepe on for	the	ca	lend	tracto dar ve	are	nat received more ending with or with	inan \$100, In the organ	uzatior	r n's tax		
year						, .		g					
(A)								(B)			(C)		
Name and business add	fress				_			Description of se	rvices	Cr	ompens	ation	
ATTACHMENT 1													
							1						
						 -	+	· · · - · · - · · · · · · · · · · · · ·					
							+-	· · · · · · · · · · · · · · · · · · ·					
2 Total number of independent contractors (ii	ncluding hi	it not	Llin	nite	d to	thos	الله	isted above) who	received			· · · · · ·	
more than \$100,000 in compensation from th					٠ (ر	3	, C II	isted above) WIIO	received				
JSA 4E1055 1 000									<u></u>		Form	990 (2014)
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		Check if Schedule O contains a response or note	e to any line in this Part \	/		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				
-	h_					
Program Service Revenue	2a b	RENTAL INCOME	7,498,457	7,498,457		
₹	С					<u></u>
Sei	d			•		
Ε	е					
gra	_	AB - U				
ē	f	All other program service revenue L				
&	3	Total. Add lines 2a-2f	est,	. 5,517		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	"	-				
	6a b c	Gross rents				
	d	Net rental income or (loss)				<u> </u>
	7a	Gross amount from sales of (i) Securities (ii) Oth	er			
		assets other than inventory				
	þ	Less cost or other basis				ŀ
		and sales expenses	[
	С	Gain or (loss)				
	d	Net gain or (loss)	. ▶ 0			
a)	8a	Gross income from fundraising				
enne		events (not including \$	1			}
-		·	i i			
æ		of contributions reported on line 1c)				
_		See Part IV, line 18 a				
Other Re	b	Less direct expenses b				
ö	С	Net income or (loss) from fundraising events	. • 0			ļ
	9a	Gross income from gaming activities				
		See Part IV, line 19 a				1
	b	Less direct expenses b				
	C	Net income or (loss) from gaming activities	. •			
	10a	Gross sales of inventory, less				
	104	returns and allowances a				
			·			
	b	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory				ļ
		Miscellaneous Revenue Business	Code			
	11a			··		
	b					
	c					
		All other revenue				
	d	Total Add lines 11a-11d	. ▶ 0			
	4 2		_			
	12	Total revenue. See instructions	7,503,974	7,503,974		<u> </u>

13-2679034

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 resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	<u></u>			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	408,708.	408,708.		
	Pension plan accruals and contributions (include				
Ŭ	section 401(k) and 403(b) employer contributions)	29,240.	29,240.		
9	Other employee benefits	171,384.	171,384.		
	Payroll taxes	38,950.	38,950.		·
	Fees for services (non-employees)				
	Management	343,839.	343,839.		
	Legal	92,760.	92,760.		
	Accounting	49,595.	49,595.		
	Lobbying	0			
	Professional fundraising services See Part IV, line 17.	0			
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column				
Ŭ	(A) amount, list line 11g expenses on Schedule O)	o			
12	Advertising and promotion	0			
13	Office expenses	31,482.	31,482.		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
	Travel	0			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	O		i	
19	Conferences, conventions, and meetings	0			
20	Interest	1,553,661.	1,553,661.		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,027,652.	1,027,652.		
23	Insurance	121,440.	121,440.		
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)				
-	REPAIRS & MAINTENANCE	236,091.	236,091.		
b	UTILITY EXPENSE	956,886.	956,886.		·
_	OTHER RENTING EXPENSES	1,275.	1,275.		
	SECURITY CONTRACT	257,395.	257,395.		
е	All other expenses _ATCH _3	932,271.	932,271.		
	Total functional expenses Add lines 1 through 24e	6,252,629.	6,252,629.		
26	Joint costs Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
JSA	following SOP 98-2 (ASC 958-720)	<u> </u>			Form 990 (2014)
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age 11

	rt X	Balance Sheet			Page 11
u e	IL A	Check if Schedule O contains a response or note to any line in this Pa	rt X		TXT
		The street is a street of the	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,341,483.	1	2,334,032.
	2	Savings and temporary cash investments	q	2	0
	3	Pledges and grants receivable, net	q	3	0
	4	Accounts receivable, net	177,778.	4	76,740.
	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	ď	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 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	q	6	0
ets	7	Notes and loans receivable, net	d	7	0
Assets	8	Inventories for sale or use	Q	8	0
_	9	Inventories for sale or use Prepaid expenses and deferred charges	352,679.	9	645,961.
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 34,948,848.	Ì		
	b	Less accumulated depreciation	27,200,249.	10c	26,287,980.
	11	Investments - publicly traded securities	q	11	0
	12	Investments - other securities See Part IV, line 11	C	12	0
	13	Investments - program-related See Part IV, line 11	Q ·	13	0
	14	Intangible assets	C ·	14	0
	15	Other assets See Part IV, line 11	2,827,768.	15	3,507,264.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	31,899,957.	16	32,851,977.
	17	Accounts payable and accrued expenses	690,617.	17	786,119.
	18	Grants payable	q ·	18	0
	19	Deferred revenue	d ·	19	0
	20	Tax-exempt bond liabilities	d :	20	0
S	21	Escrow or custodial account liability Complete Part IV of Schedule D	d :	21	0
Liabilities	22	Loans and other payables to current and former officers, directors,			
jap		trustees, key employees, highest compensated employees, and			
I		disqualified persons Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties	29,818,351.	23	29,417,410.
	24	Unsecured notes and loans payable to unrelated third parties	q :	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	685,288.	25	691,402.
	26	Total liabilities. Add lines 17 through 25	31,194,256.	26	30,894,931.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ano	27	Unrestricted net assets	705,701.	27	1,957,046.
Bal	28	Temporarily restricted net assets	d :	28	0
pu	29	Permanently restricted net assets	d :	29	0
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34			
	30	Capital stock or trust principal, or current funds	.	30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Nei	33	Total net assets or fund balances		33	1,957,046.
_	34	Total liabilities and net assets/fund balances		34	32,851,977.

Form **990** (2014)

Form 9	90 (2014)				Pa	ge IZ
Par	XI Reconciliation of Net Assets					
	· Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,5	03,9	974.
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,2	52,6	529.
3	Revenue less expenses Subtract line 2 from line 1	3		1,2	51,3	345.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	05,7	701.
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		1,9	57,0	046.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		ſ			
	if the organization changed its method of accounting from a prior year or checked "Other," e	xplair	in			
	Schedule O	•				1
2a	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 cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both		1			
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
-	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	aht			
·	of the audit, review, or compilation of its financial statements and selection of an independent acc		- 1	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	, _{In}			
Ju	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?	lerao	the			
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х	

Form **990** (2014)

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 4947(a)(1) nonexempt charitable trust.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ

Name of the organization SOUTHEAST GRAND STREET GUILD HDFC INC.

C/O COMERFORD & DOUGHERTY LLP

13-2679034

Part	Reason for Public Cha	rity Status (All c	organizations must d	complete	e this pa	art) See instructions	S			
he o	rganization is not a private fou	indation because it	is (For lines 1 through	gh 11, ch	eck only	one box)				
1 [A church, convention of chi	urches, or associa	tion of churches desci	rıbed ın s	ection 1	70(b)(1)(A)(i).				
2 [A school described in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E)							
3	A hospital or a cooperative	hospital service o	rganization described	ın sectio	n 170(b)	(1)(A)(iii).				
4 [A medical research organia	zation operated in	conjunction with a hos	spital de:	scribed ii	n section 170(b)(1)(A)	(iii) Enter the			
_	hospital's name, city, and s	tate								
5 [An organization operated section 170(b)(1)(A)(iv). (0		a college or universit	y owner	d or ope	erated by a governme	ental unit described in			
6	A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).				
7 [An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)									
8	A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II)						
9 [X An organization that norm:	ally receives (1) m	nore than 331/3 % of	its suppo	ort from	contributions, memb	ership fees, and gross			
	receipts from activities rel	ated to its exemp	t functions - subject	to certa	ın excep	itions, and (2) no mo	ire than 331/3 % of its			
	support from gross inves	tment income an	d unrelated business	taxable	income	e (less section 511	tax) from businesses			
	acquired by the organizatio	n after June 30, 19	975 See section 509 ((a)(2). (C	Complete	Part III)				
ο [An organization organized	and operated excl	usively to test for publi	c safety	See sec	tion 509(a)(4)				
1 [An organization organized	and operated excl	usively for the benefit o	of, to per	form the	functions of, or to ca	rry out the purposes of			
_	one or more publicly suppo	orted organizations	described in section 5	509(a)(1) or sect	ion 509(a)(2). See se	ction 509(a)(3). Check			
	the box in lines 11a through	h 11d that describe	es the type of support	ıng orga	nızatıon	and complete lines 11e	e, 11f, and 11g			
а	a Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
	the supported organization	on(s) the power to	regularly appoint or e	elect a m	ajority o	f the directors or trus	tees of the supporting			
	organization You must c	omplete Part IV, S	ections A and B							
b	Type II A supporting org	anization supervis	ed or controlled in co	nnection	with its	supported organizati	on(s), by having			
	control or management of			the sam	e persor	ns that control or man	age the supported			
	organization(s) You must	t complete Part IV	, Sections A and C							
С	Type III functionally inte	grated A supporti	ng organization opera	ited in co	onnectio	n with, and functiona	lly integrated with,			
	its supported organization	n(s) (see instruction	is) You must comple	te Part l	V, Section	ons A, D, and E				
d	Type III non-functionally	integrated A sup	porting organization o	perated	ın conn	ection with its suppor	ted organization(s)			
	that is not functionally into						d an attentiveness			
	requirement (see instruct	tions) You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V				
е	Check this box if the orga						I, Type III			
	functionally integrated, or		ionally integrated sup	porting o	organizat	tion	ر			
	Enter the number of supported						L			
g	Provide the following informati	on about the suppo	orted organization(s)				Y			
(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(VI) Amount of other support (see instructions)			
				Yes	No					
A)										
··,			·····	ļ						
B)										
C)										
D)										
E)										
Γotal					-					
		<u>. </u>	<u> </u>		<u> </u>					

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

Schedule A (Form 990 or 990-EZ) 2014

Page_2

Par	 Support Schedule for Orga (Complete only if you checke Part III If the organization fail 	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support	<u> </u>			<u>-</u> <u>-</u>	······	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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	ļ- ·					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support Subtract line 5 from line 4		L		1	L	
	tion B. Total Support	(a) 2010	(b) 2011	(a) 2012	(d) 2013	(0) 2014	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(a) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4 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 VI)						
11	Total support Add lines 7 through 10	L	L		L	101	
12	Gross receipts from related activities, etc. (s					12	
13	First five years If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2014 (li	ne 6, column (f) divided by line	11, column (f))		14	%
15	Public support percentage from 2013	Schedule A, Pa	art II, line 14			15	<u></u>
16a	331/3% support test - 2014. If the o	rganization did	not check the	box on line 13	, and line 14 is	331/3 % or mo	re, check
	this box and stop here. The organization						
b	331/3% support test - 2013. If the c	organization did	d not check a b	ox on line 13 o	or 16a, and line	e 15 is 331/3%	or more,
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization Part VI how the organization meets torganization	the "facts-and-o	circumstances" t	est The organi	ızatıon qualıfıes	as a publicly s	
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organizati	anization meets	s the "facts-and	d-circumstances	s" test, check t	his box and st	op here.
18	supported organization						▶ □

Page 3

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)

<u>Set</u>	tion A. Public Support				<u> </u>		
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees			-			
	received (Do not include any "unusual grants")	o	0	0	d	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	2,539,616	2,558,805	3,714,026	5,471,642	7,498,457	21,782,546
3	Gross receipts from activities that are not an		2,330,003	3, 114, 020	3,4,1,042	7,450,457	
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						0
4							
	organization's benefit and either paid					1	
_	to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the					+	
	organization without charge						0
6	Total Add lines 1 through 5	2,539,616	2,558,805	3,714,026	5,471,642	7,498,457	21,782,546
7 a	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 amount on line 13 for the year						0
С	Add lines 7a and 7b						0
8	Public support (Subtract line 7c from						
	line 6)					1	21,782,546
Sec	tion B. Total Support						23/102/310
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	2,539,616	2,558,805	3,714,026	5,471,642		
	Gross income from interest, dividends,	2,339,616	2,338,803	3,714,026	3,471,642	7,498,457	21,782,546
	payments received on securities loans,						
	rents, royalties and income from similar					į	
	sources	4,454	6,765	8,376	6,745	5,517	31,857
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	4,454	6,765	8,376	6,745	5,517	31,857
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						0
12						ł	
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11,						
	and 12)	2,544,070	2,565,570	3,722,402	5,478,387	7,503,974	21,814,403
14	First five years If the Form 990 is for						
• •	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2014 (line 8	·		an (f))		15	99.85%
							99.84 %
16	Public support percentage from 2013 Sche					16	<u> </u>
	tion D. Computation of Investmen					1	15 01
17	Investment income percentage for 2014 (li		•			_17	.15 %
18	Investment income percentage from 2013					18	.16%
19 a	331/3% support tests - 2014 If the or	ganization did no	ot check the box	on line 14, and	line 15 is more	e than 331/3 %, a	
	17 is not more than 331/3%, check th	is box and stop	here. The orga	anization qualifies	s as a publicly	supported organiz	zation ► X
b	331/3% support tests - 2013. If the orga	anization did not	check a box on I	ine 14 or line 19	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3 %, check	this box and st	t op here The org	ganization qualifie	es as a publicly	supported organiz	zation 🕨 🔙
20	Private foundation If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see instru	ictions ►
JSA					S	chedule A (Form 99	0 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014

Supporting Organizations Part IV

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete tions A. D. and E. If you checked 11d of Part I, complete Sections A and D. and c.

	Sections A, D, and E if you checked 11d of Part I, complete Sections A and D, and complete Part V	
Secti	on A. All Supporting Organizations	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated if designated by	

Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)

class or purpose, describe the designation. If historic and continuing relationship, explain

- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations. (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
	2		
	3a		
,			
	3b	'	
		-	
	3с		
	4a		
	4b		!
	4c		
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	5a		
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	5c		
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	8		
	9a		
	9b		
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ļ	10a		
	10b		
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activities but for the organization's involvement

B Parent of Supported Organizations Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

reasons for the organization's position that its supported organization(s) would have engaged in these

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2014

2b

3a

Schedule A (Form 990 or 990-EZ) 2014			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov 20, 1970 See in	structions. All
other Type III non-functionally integrated supporting organizations must con	nplete S	ections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net income		(A) Filor rear	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Drian Voor	(B) Current Year
Section B - William Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		_
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	:	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	*·····	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	v-integra	ited Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Schedule A (Form 990 or 990-EZ) 2014

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Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	om D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish e	xempt purposes					
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI) See instructions						
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2014						
а							
b							
С							
d							
е	From 2013						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2014 distributable amount						
i	Carryover from 2009 not applied (see instructions)						
j	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2014 from Section						
	D, line 7 \$						
а	Applied to underdistributions of prior years						
b	Applied to 2014 distributable amount						
	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2014, if						
	any Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions)						
6	Remaining underdistributions for 2014 Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions)						
7	Excess distributions carry over to 2015 Add lines 3						
	and 4c						
8	Breakdown of line 7						
a							
b							
d	Excess from 2013						
<u>-</u> е	Excess from 2014		-				
							

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Page 8

Part VI 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)

SCHEDULE 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Nam	e of the organization SOUTHEAST GRAND STREET	GUILD HDFC INC.	Employer identification number
C/0	COMERFORD & DOUGHERTY LLP		13-2679034
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	I in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control? .	Yes No
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		· ' ' [
_	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No
Pa	rt II Conservation Easements.	W	
_	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e g , rec	<i>'</i> —	of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
•	Preservation of open space		a the ferm of a community
2	Complete lines 2a through 2d if the organization his	eid a qualified conservation contribution i	Held at the End of the Tax Year
_	easement on the last day of the tax year		
a b	Total number of conservation easements Total acreage restricted by conservation easements		2a 2b
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (
u	historic structure listed in the National Register		2 2d
3	Number of conservation easements modified, tran		
·	tax year ►	iorentes, releases, extinguishes, er terrin	nated by the organization during the
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in		
	>		- ,
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easeme	ents during the year
	> \$		
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports		·
	balance sheet, and include, if applicable, the text of	-	cial statements that describes the
	organization's accounting for conservation easeme	 	
Pa	organizations Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under Sf works of art, historical treasures, or other similar	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the fo	potnote to its financial statements that de	scribes these items
b	If the organization elected, as permitted under 3	SFAS 116 (ASC 958), to report in its i	revenue statement and balance sheet
	works of art, historical treasures, or other similar	ar assets held for public exhibition, edu	ucation, or research in furtherance of
	public service, provide the following amounts relati	-	> 0
	(i) Revenue included in Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
_	following amounts required to be reported under S		
a b	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	**************************************
	Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2014

	<u> </u>	-0111 990) 2014											Page Z
Pai	t III	Organizations Maintainii	ng Colle	ections of	f Art, His	torical T	reasur	es,	or Otl	ner Simila	ar Asse	ets (conti	inued)
	•												
3	_	the organization's acquisition		ssion, and	other reco	rds, chec	k any o	f the	follow	/ing that a	re a sig	nificant us	se of its
•	collec	ction items (check all that app	ly)		_	_							
а		Public exhibition			d _		or excha						
b		Scholarly research			e	_ Other							
С	\Box	Preservation for future gene											
4	Provid	de a description of the orgai	nızatıon's	collection	s and expl	ain how t	they fur	ther	the or	ganızatıon'	s exemp	t purpose	ın Part
	XIII												
5		g the year, did the organization											
	assets	s to be sold to raise funds rath										Yes	No
Par	t IV	Escrow and Custodial Ar				ne organ	ızatıon	ans	wered	"Yes" to F	² orm 99	0, Part IV	/, line 9,
		or reported an amount or	Form 9	990, Part)	X, line 21	· · · · · · · · · · · · · · · · · · ·							
1 a		organization an agent, truste											
		ed on Form 990, Part X?									. [Yes	No
b	If "Ye	s," explain the arrangement i	n Part XI	II and com	plete the fo	llowing tal	ole						
										A	mount		
С	Begin	ning balance					[1c					
d	Addıtı	ons during the year					[1d					
е	Distrib	outions during the year					[1e					
f	Endin	g balance					[1f			_		
2a	Did th	ie organization include an am	ount on	Form 990,	Part X, line	21, for e	scrow c	r cu	stodial	account lia	bility?	Yes	No
b	If "Ye	s," explain the arrangement i	n Part XI	II Check h	ere if the e	xplanation	has bee	en pr	ovided	ın Part XIII.	. .		
Par	t V	Endowment Funds. Com	plete if	the organ	ization an	swered "	Yes" to	For	m 990	, Part IV, I	ine 10		
			(a) Cu	rrent year	(b) Prid	or year	(c) Two	year	s back	(d) Three y	ears back	(e) Four y	ears back
		ning of year balance											
þ	Contr	ibutions ,											
		vestment earnings, gains,											
	and lo	sses											
d	Grant	s or scholarships									-		
е	Other	expenditures for facilities								-			
	and p	rograms											
f	Admir	nistrative expenses											
g		f year balance							-				
2		de the estimated percentage	of the cur	rent year e	nd balance	e (line 1g,	column	(a))	held as			<u> </u>	
а	Board	designated or quasi-endown	ent 🕨	-	%								
b	Perm	anent endowment ▶	<u>~</u>		_								
С	Temp	orarily restricted endowment	>	%									
	The p	ercentages in lines 2a, 2b, ai	nd 2c sho	ould equal 1	00%								
3 a	Are th	ere endowment funds not in	the poss	ession of t	he organiza	ation that	are held	and	admir	istered for	the		
	organ	ization by										Y	es No
	(i) un	related organizations	. .									3a(i)	
	(ii) rel	ated organizations										3a(iı)	
b	If "Ye	s" to 3a(ii), are the related or	ganizatio	ns listed as	required or	Schedule	e R?					3b	
4		ibe in Part XIII the intended i											
Par	t VI	Land, Buildings, and Equi	pment.						_			-	
		Complete if the organiza	tion ans										
		Description of property			r other basis stment)		or other bas	SIS		umulated eciation	(0	d) Book value	•
1a	Land						100,00	0.				100	0,000.
	Buildi					 	55,38		8,0	22,177.		25,933	
		ehold improvements						\dashv					
d		ment					393,46	5.	6	38,691.		254	1,774.
е								+					<u> </u>
Tota	l Add	lines 1a through 1e (Column	(d) musi	t equal Forn	n 990. Part	X, column	n (B). line	e 10i	(c))	▶		26,287	7,980.
		(,		,	,	1-77	. ~1	,,	1		-,,	

Schedule D (Form 990) 2014

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	(a) Description of security or category	(b) Book value	(c) Method of valuati	on
<u> </u>	(including name of security)		Cost or end-of-year marke	
1) Financi	al derivatives			
	-held equity interests			
3) Other_				
(B)				··
(C)	~			
(<u>D)</u>				
<u>(E)</u>				
(F) :				
- <u>(G)</u>				
_ <u>(H)</u>				
	n (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII	Investments - Program Related. Complete if the organization answ	ered "Yes" to Form 990,	Part IV, line 11c See Form 990, I	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1)	· · · · · · · · · · · · · · · · · · ·			
_(2)				
(3)				
(4)				
(5)				
(6)				·
(7)				
		, ,		
(8)				
(9)				
(9) Total (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	>		
(9)	Other Assets.		Dort IV Inc. 44d, Co. Farm 000 I	2-4V b45
(9) Total (Colum	Other Assets. Complete if the organization answer	ered "Yes" to Form 990,	Part IV, line 11d. See Form 990, I	
(9) Total (Colum Part IX	Other Assets. Complete if the organization answer		Part IV, line 11d. See Form 990, I	(b) Book value
(9) Fotal (Column Part IX (1) ESCR	Other Assets. Complete if the organization answer (a OW DEPOSIT	ered "Yes" to Form 990,	Part IV, line 11d. See Form 990, I	(b) Book value 136, 185
(9) Fotal (Column Part IX (1) ESCR (2) REPL	Other Assets. Complete if the organization answer (a OW DEPOSIT ACEMENT RESERVE	ered "Yes" to Form 990,	Part IV, line 11d. See Form 990, I	(b) Book value 136,185 1,956,291
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE	Other Assets. Complete if the organization answer (a OW DEPOSIT	ered "Yes" to Form 990,	Part IV, line 11d. See Form 990, I	(b) Book value 136,185 1,956,291
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4)	Other Assets. Complete if the organization answer (a OW DEPOSIT ACEMENT RESERVE	ered "Yes" to Form 990,	Part IV, line 11d. See Form 990, F	(b) Book value 136,185 1,956,291
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5)	Other Assets. Complete if the organization answer (a OW DEPOSIT ACEMENT RESERVE	ered "Yes" to Form 990,	Part IV, line 11d. See Form 990, F	(b) Book value 136,185 1,956,291
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5) (6)	Other Assets. Complete if the organization answer (a OW DEPOSIT ACEMENT RESERVE	ered "Yes" to Form 990,	Part IV, line 11d. See Form 990, F	(b) Book value 136,185 1,956,291
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5) (6) (7)	Other Assets. Complete if the organization answer (a OW DEPOSIT ACEMENT RESERVE	ered "Yes" to Form 990,	Part IV, line 11d. See Form 990, I	(b) Book value 136,185 1,956,291
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answer (a OW DEPOSIT ACEMENT RESERVE	ered "Yes" to Form 990,	Part IV, line 11d. See Form 990, I	(b) Book value 136,185 1,956,291
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a OW DEPOSIT ACEMENT RESERVE R RESERVES	ered "Yes" to Form 990, a) Description		(b) Book value 136, 185 1, 956, 291 1, 414, 788
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5) (6) (7) (8) (9) Fotal. (Column Fot	Other Assets. Complete if the organization answer (a OW DEPOSIT ACEMENT RESERVE R RESERVES	ered "Yes" to Form 990, a) Description		
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a OW DEPOSIT ACEMENT RESERVE R RESERVES umm (b) must equal Form 990, Part X, column (b) the Liabilities.	ered "Yes" to Form 990, a) Description		(b) Book value 136, 185 1, 956, 291 1, 414, 788
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5) (6) (7) (8) (9) Fotal. (Column Fot	Other Assets. Complete if the organization answer (a OW DEPOSIT ACEMENT RESERVE R RESERVES umn (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization answer	ered "Yes" to Form 990, a) Description		(b) Book value 136, 185 1, 956, 291 1, 414, 788
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answer (a OW DEPOSIT ACEMENT RESERVE R RESERVES Dumn (b) must equal Form 990, Part X, column (b) must equal Form 990, Part	ered "Yes" to Form 990, a) Description (B) line 15)	Part IV, line 11e or 11f See Form	(b) Book value 136, 185 1, 956, 291 1, 414, 788
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answer (a OW DEPOSIT ACEMENT RESERVE R RESERVES Dumn (b) must equal Form 990, Part X, column (b) must equal Form 990, Part	ered "Yes" to Form 990, a) Description	Part IV, line 11e or 11f See Form	(b) Book value 136, 185 1, 956, 291 1, 414, 788
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answer (a OW DEPOSIT ACEMENT RESERVE R RESERVES Dumn (b) must equal Form 990, Part X, column (b) must equal Form 990, Part	(B) line 15)ered "Yes" to Form 990,	Part IV, line 11e or 11f See Form	(b) Book value 136, 185 1, 956, 291 1, 414, 788
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Fedel (2) TENA	Other Assets. Complete if the organization answer (a) OW DEPOSIT ACEMENT RESERVE R RESERVES Other Liabilities. Complete if the organization answer line 25. (a) Description of liability ral income taxes NT SECURITY DEPOSITS	(B) line 15)	Part IV, line 11e or 11f See Form	(b) Book value 136, 185 1, 956, 291 1, 414, 788
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Fede (2) TENA (3) PREP	Other Assets. Complete if the organization answer (a) OW DEPOSIT ACEMENT RESERVE R RESERVES Other Liabilities. Complete if the organization answer line 25. (a) Description of liability ral income taxes NT SECURITY DEPOSITS AID REVENUE	(B) line 15)ered "Yes" to Form 990, (b) Book value 52,0 34,2	Part IV, line 11e or 11f See Form 9 154. 122.	(b) Book value 136, 185 1, 956, 291 1, 414, 788
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Fede (2) TENA (3) PREP. (4) DEVE	Other Assets. Complete if the organization answer (a) OW DEPOSIT ACEMENT RESERVE R RESERVES Other Liabilities. Complete if the organization answer line 25. (a) Description of liability ral income taxes NT SECURITY DEPOSITS	(B) line 15)	Part IV, line 11e or 11f See Form 9 154. 122.	(b) Book value 136, 185 1, 956, 291 1, 414, 788
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(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Fede (2) TENA (3) PREP (4) DEVE (5) (6) (7)	Other Assets. Complete if the organization answer (a) OW DEPOSIT ACEMENT RESERVE R RESERVES Other Liabilities. Complete if the organization answer line 25. (a) Description of liability ral income taxes NT SECURITY DEPOSITS AID REVENUE	(B) line 15)ered "Yes" to Form 990, (b) Book value 52,0 34,2	Part IV, line 11e or 11f See Form 9 154. 122.	(b) Book value 136, 185 1, 956, 291 1, 414, 788
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Fede (2) TENA (3) PREP (4) DEVE (5) (6) (7) (8)	Other Assets. Complete if the organization answer (a) OW DEPOSIT ACEMENT RESERVE R RESERVES Other Liabilities. Complete if the organization answer line 25. (a) Description of liability ral income taxes NT SECURITY DEPOSITS AID REVENUE	(B) line 15)ered "Yes" to Form 990, (b) Book value 52,0 34,2	Part IV, line 11e or 11f See Form 9 154. 122.	(b) Book value 136, 185 1, 956, 291 1, 414, 788
(9) Fotal (Column Part IX (1) ESCR (2) REPL (3) OTHE (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Feder (2) TENA (3) PREP. (4) DEVE (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) OW DEPOSIT ACEMENT RESERVE R RESERVES Other Liabilities. Complete if the organization answer line 25. (a) Description of liability ral income taxes NT SECURITY DEPOSITS AID REVENUE	(B) line 15)	Part IV, line 11e or 11f See Form 9 154. 122. 26.	(b) Book value 136, 185 1, 956, 291 1, 414, 788

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Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	٦.	
	Total revenue, gains, and other support per audited financial statements		7,503,974.
1	• • • • • • • • • • • • • • • • • • • •	1	7,303,374.
2.	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b	1	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,503,974.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	7,503,974.
Part		rn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	- т	6.050.600
1	Total expenses and losses per audited financial statements	1	6,252,629.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c 2c		
ď	Other losses Other (Describe in Part XIII) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,252,629.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
С	Add bass 4s and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	5	6,252,629.
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa		e 4, Part X, line
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	

13-2679034

Schedule D (Form 990) 2014 SOUTHEAST GRAND STREET GUILD HDFC INC.

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2014

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

Open to Public 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

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

NAME AND ADDRESS

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

DESCRIPTION OF SERVICES COMPENSATION

WAVECREST MANAGEMENT

MGMT/BOOKEEPING FEES

339,306.

87-14 116 STREET

RICHMOND HILL, NY 11418

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

SECURITY

248,952.

Schedule O (Form 990 or 990-EZ) (2014)

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

5,517.

COMPENSATION

REGO PARK, NY 11374

COMERFORD & DOUGHERTY, LLP 1122 FRANKLIN AVE, SUITE 406 GARDEN CITY, NY 11530 CONSULTANT/LEGAL

108,026.

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION INTEREST INCOME

(A) (B)
TOTAL RELATED OR
REVENUE EXEMPT REVENUE

(C) UNRELATED BUSINESS REV.

ATTACHMENT 2

(D) EXCLUDED REVENUE

(D)

EXPENSES

5,517.

TOTALS

5,517. 5,517.

FORM 990, PART IX - OTHER EXPENSES

(A) (B) TOTAL PROGRAM EXPENSES DESCRIPTION SERVICE EXP. BAD DEBTS 13,615. 13,615. MISC. TAXES, LICENSE & PERMIT 18,574. 18,574. MISC. ADMINISTRATIVE EXPENSES 125. 125. MORTGAGE INSURANCE PREMIUM 236,811. 236,811. REAL ESTATE TAXES 663,146. 663,146. 932,271. 932,271. TOTALS

ATTACHMENT 3

(C)

AND GENERAL

MANAGEMENT FUNDRAISING

Schedule O (Form 990 or 990-EZ) 2014

Schedule O (Form 990 or 99	0-EZ) 2014							Page 2
Name of the organization	SOUTHEAST	GRAND	STREET	GUILD	HDFC	INC.	Employer identification number	
C/O COMERFORD &	DOUGHERTY I	LP					13-2679034	
							ATTACHMENT 4	

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
DEFERRED FINANCING COSTS	197,005.
PREPAID LEGAL FEE	15,000.
PREPAID MANAGEMENT FEES	5,941.
PREPAID REAL ESTATE TAXES	232,952.
PREPAID MORTGAGE INSURANCE	195,063.
TOTALS	645,961.

13-2679034

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

SOUTHEAST GRAND STREET GUILD HDFC INC.

DOUGHERTY LLP

C/O COMERFORD &

Name of the organization Department of the Treasury

Internal Revenue Service

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

2014 2014	Open to Public
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Employer identification number 13-2679034

(f) Direct controlling entity (e) End-of-year assets (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (c)
Legal domicite (state
or foreign country) (b) Primary activity (a)Name, address, and EIN (if applicable) of disregarded entity Part Partl Ξ (2) (3) € (2) 9

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

(a)		(q)	(c)	(p)	(e)		6)	
Name, address, and EIN of related organization	elated organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public chanty status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?	12(b)(13) olled ty?
							Yes	N _o
(1) GRAND STREET GUILD EAST HFDC INC	13-2679032							
1122 FRANKLIN AVENUE, SUITE 40	GARDEN CITY, NY 11530	REAL ESTATE	NY	501(C)3	EXEMPT	N/A		×
(2) GRAND STREET GUILD HFDC INC	13-2679033							ĺ
1122 FRANKLIN AVENUE, SUITE 40	GARDEN CITY, NY 11530	REAL ESTATE	NY	501(C)3	EXEMPT	N/A		×
(3) ATTORNEY STREET DEVELOPMENT, INC	46-4832959							
1122 FRANKLIN AVENUE, SUITE 40	GARDEN CITY, NY 11350	REAL ESTATE	NY			N/A		×
(4)								
(5)								
(9)								
(7)								

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

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Schedule R (Form 990) 2014

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Section 512(b)(13) controlled entity? Page 2 Yes No (k) Percentage ownership (h) Percentage (J) General or managing Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Ince 34 because it had one or more related organizations treated as a corporation or trust during the tax year Yes No partner? Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year (g) Share of end-of-year assets Code V-UBI Code V-UBI of Schedule K-1 (Form 1065) (f) Share of total income Yes No allocations? Ξ (g) Share of end-of-(e)
Type of entity
(C copp, S cop, or trust) year assets (f) Share of total (d) Direct controlling псоте entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (d)
Direct controlling
entity (c) Legal domicile (state or foreign country) (a)Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN of related organization Schedule R (Form 990) 2014 (a) Part III Part IV (2) ල 4 4 (2) (5) ≘ (5) (6) \odot (1) 3 9 5

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Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 \approx × × Yes No Method of determining amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds COSTS Ę 10 s 79 **1**e 7 9 + 5 # Ξ OF 0/0 Transactions With Related Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 605,126. (c) Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (b) Transaction type (a-s) Σ 4540117 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity..... Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule ATTORNEY STREET DEVELOPMENT, INC. (ACCRUED (a)
Name of related organization Gift, grant, or capital contribution to related organization(s) Exchange of assets with related organization(s), , , 2014) FY Dividends from related organization(s). DEVELOPER FEES OPEN FROM 79646M 1608 JSA 4E1309 1 000 Part V Ε ~ <u>م</u> ه D _ S (1) (2) 3 ₹ (5) 9

Schedule R (Form 990) 2014

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

(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)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(I) Code V - UBI amount in box 20 of Schedule K-1	(J) General or managing partner?	(k) Percentage ownership
				Yes No			Yes No	(Form 1065)	Yes No	
(1)							,			
(2)										
(3)										
(4)									-	
(5)										
(9)										
(7)										
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Schedule R (Form 990) 2014

Part VII

Supplemental Information

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