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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury

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.

6/30/2015 For the 2014 calendar year, or tax year beginning 7/1/2014 and ending Employer identification number Check if applicable C Name of organization FLATBUSH DEVELOPMENT CORPORATION Address change Doing business as Number and street (or PO box if mail is not delivered to street address) Room/suite 51-0188251 Name change E Telephone number 1616 NEWKIRK AVENUE Initial return ZIP code City or town (718) 859-3800 BROOKLYN NY 11226 Final return/terminated Foreign postal code Foreign country name Foreign province/state/county 2,012,063 G Gross receipts \$ Amended return Yes X No Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? SAME AS "C" ABOVE H(b) Are all subordinates included? If "No." attach a list (see instructions) X 501(c)(3) 501(c) 4947(a)(1) or 527 Tax-exempt status) < (insert no) Website: ► WWW.FDCONLINE ORG H(c) Group exemption number ΙXΙ K Form of organization Corporation M State of legal domicite Association L Year of formation 1975 NY Part I Summary CREATE PROGRAMS, CAMPAIGNS AND Briefly describe the organization's mission or most significant activities. Activities & Governance PARTNERSHIPS THROUGH ECONOMIC DEVELOPMENT, HOUSING, YOUTH, IMMIGRATION & OTHER INITIATIVES THAT PROMOTE AN ENHANCED QUALITY OF LIFE, SAFETY & PRESERVATION OF THE FLATBUSH COMMUNITY Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 7 Number of independent voting members of the governing body (Part VI, line 1b). 5 134 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . Total number of volunteers (estimate if necessary) 6 170 0 Total unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 1,696,442 1,903,776 Contributions and grants (Part VIII, line 1h). 30,000 65.000 Program service revenue (Part VIII, line 2g). Investment income (Part VIII, column (A), lines 3:4, and 7d). 10 12,620 -10,262 11 Other revenue (Part VIII, column (A), lines 5, 6 p. 8 p. 94/10c, and 1/8/6 Total revenue—add lines 8 through 11 (must equal Fatt VIII, column (A), line 12) 12 1,739,075 1.958.516 13 Grants and similar amounts paid (Part IX, column (A), lines:1:3) Benefits paid to or for members (Part IX, column (A) Line 11-11. 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 1,086,510 1,228,478 16a Professional fundraising fees (Part IX, column (A), line 11e). b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 549,810 641,919 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 18 1,636,320 1,870,397 19 Revenue less expenses. Subtract line 18 from line 12. 102,755 88.119 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16). . 667,031 808,895 Total liabilities (Part X, line 26) . . . 21 278,868 332,363 22 Net assets or fund balances. Subtract line 21 from line 20 476,532 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge 🖆 nd belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here DISUE Type or print name and title Print/Type preparer's name PTIN Preparer s signature Check Paid 5/2/2016 self-employed P01275370 WINNIE TAM Preparer ► WINNIE TAM & CO., PC. Firm's EIN > 13-3777972 Use Only Firm's address ► 50 BROAD ST, SUITE 1837, NEW YORK, NY 10004 (212) 785-4600 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Form	990 (2014)	FLATBUSH DEVELOPMENT CORPORATION	31-0100231	Page Z
Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly (lescribe the organization's mission:		
•	•	DEDICATED TO MEETING THE NEEDS OF A DIVERSE FLATBUSH COMMUNITY FDC IDENTIF	JES AND	
		NDS TO THESE NEEDS BY CREATING PROGRAMS, CAMPAIGNS AND PARTNERSHIPS THRO		
		OPMENT, HOUSING, YOUTH, IMMIGRATION AND OTHER INITIATIVES THAT PROMOTE AN ENI		
			TANCED	
_		Y OF LIFE, SAFETY AND PRESERVATION OF THEIR NEIGHBORHOOD		
2		organization undertake any significant program services during the year which were not listed on	□ v ₌ -	X No
	•	Form 990 or 990-EZ?	Yes	NO NO
		describe these new services on Schedule O		
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services		Yes	X No
		describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest program services		
	expense	es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	ocations to others,	
	the total	expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 1,330,915 including grants of \$) (Revenue	e \$)
	YOUTH	DEVELOPMENT ACTIVITIES INCLUDE AFTER SCHOOL AND EVENING EDUCATIONAL AND RE	CREATIONAL	
		AMS DESIGNED TO DEVELOP YOUTH INTO PRODUCTIVE MEMBERS OF SOCIETY		
		•		
		······································		
4b	(Code) (Expenses \$ 177,549 including grants of \$) (Revenue		,000)
		IG PRESERVATION ACTIVITIES INCLUDE PROVIDING ASSISTANCE TO INDIVIDUAL TENANTS		<u>S</u>
	AND LA	NDLORDS ABOUT THEIR RIGHTS AND RESPONSIBILITIES, AND ABOUT HOW TO MAINTAIN A	ND PRESERVE	
	THEIR H	IOMES		
	*	•••••••••••••••••••••••••••••••••••••••		
				• • • • • • • • • • • • • • • • • • • •
4c	(Code:) (Expenses \$ 114,155 including grants of \$) (Revenue		
40	COUE.	MIC DEVELOPMENT ACTIVITIES INCLUDE ASSISTANCE TO SMALL BUSINESSES, ATTRACTIV	IC NEW BIIGINE)
			IG NEW BUSINES	30E0
	10 100	AL COMMERCIAL STRIP.		
				- -
4d	Other pr	ogram services (Describe in Schedule O)		
÷u	(Expense		0.	
4-			0)	
4e	iotal pro	gram service expenses ► 1,639,349		

	990 (2014) FLATBUSH DEVELOPMENT CORPORATION	51-0188251	Р	age 🤄
Par	t IV 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,"	[110
	complete Schedule A	1	X	<u> </u>
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	· · 4	<u> </u>	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,	1_		١.,
	Part III	. 5	 	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"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		 	 ^
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III.	. 8		x
_	complete Schedule D, Part III	· •	 	 ^
9	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt	.		ĺ
	negotiation services? If "Yes," complete Schedule D, Part IV			×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	· •	 	-^`
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	. 10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	7.27	. (S. J. I	30 TE
"	VII, VIII, IX, or X as applicable.	2 m	1,250	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
_	Schedule D, Part VI	11a	X	ļ
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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part	X 11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Ì
	Schedule D, Parts XI and XII	<u>12a</u>	X_	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Year and the consolidated in consolidated, independent audited financial statements for the tax year? If "Year and the consolidated in consolidated, independent audited financial statements for the tax year? If "Year and the consolidated in consolidated, independent audited financial statements for the tax year? If "Year and the consolidated in consolidated, independent audited financial statements for the tax year? If "Year and the consolidated in consolidated, independent audited financial statements for the tax year? If "Year and the consolidated in consolidated, independent audited financial statements for the tax year? If "Year and the consolidated in consolidated in consolidated, independent audited financial statements for the tax year? If "Year and the consolidated in consolidated		1	
	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		X
14a		. <u>14a</u>	<u> </u>	×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	. 14b		X
4 5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140	 	 ^
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13	\vdash	 ^
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	· 10	 	 ^
11	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- '' -	 	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	. 18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	3		
	The trial and trial trial trial and		1	i .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

20a

20b N/A

Part IV

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		Х
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		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	<u> </u>		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b		24b	N/A	
С				
	to defease any tax-exempt bonds?	24c	N/A	
d	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d	N/A	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1 1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		1	
	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		- 1	
	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	27		~
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	5 ec 1	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):			7 2
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a	اعتثث	X
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			-^-
-	Schedule L, Part IV.	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		Ì	•
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		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> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	,	İ	v
25-	III, or IV, and Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
Ŋ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	N/A	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	555	14/7	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	- {	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		$\neg \uparrow$	
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990 c	20141

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Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		16.0	ر در الموس
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	12.5	3	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	13.0		and the second
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	13.06		150
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 134	13.55	345 y	3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		ان اند سندست	170 m
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	N/A	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ļ		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country.	200	1. Sec. 19.	3
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts	1 30 25 2 30 25	100 mg/ds	济
	(FBAR)			10 F 10
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	L	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N/A	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or]]	Ì
	gifts were not tax deductible?	6b	N/A	8 54
7	Organizations that may receive deductible contributions under section 170(c).		1	14
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ئىدىئة -		
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c]]	x
ď	If "Yes," indicate the number of Forms 8282 filed during the year		1950	, ° 3, 3,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	rain'	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h	N/A	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		35.5	28,386
_	sponsoring organization have excess business holdings at any time during the year?	8	N/A	
9	Sponsoring organizations maintaining donor advised funds.		55.5	Step Se
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/A	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/A	
10	Section 501(c)(7) organizations. Enter	有益	15.5	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A			
11	Section 501(c)(12) organizations. Enter		達強	0.25 mg
а	Gross income from members or shareholders	-5 2 3	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources		1000	37
	against amounts due or received from them.)	133	AL/A	\$1. WES
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A	35.75
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		77	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		22.55	1,52
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	N/A	75- N.
	Note. See the instructions for additional information the organization must report on Schedule O			\$2.
þ	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		188	
C	Enter the amount of reserves on hand	3.6.2	が製料	ALL THE
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	, IN/A	

Part VI

Sec	tion A. Governing Body and Management				
4		ا م	7 43%	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year.		4.選	差差	
	If there are material differences in voting rights among members of the governing body, or		د مهربه به دراعتوان مو هادور		7/2
	if the governing body delegated broad authority to an executive committee or similar			Maria Paris	
h	committee, explain in Schedule O.	4h	7	使改	
р	Enter the number of voting members included in line 1a, above, who are independent	1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	snip with	عنقت	المنطق أرا	
_	any other officer, director, trustee, or key employee?	, , , , , , , , , , , , , , , , , , ,	2		X
3	Did the organization delegate control over management duties customarily performed by or under			_	
	supervision of officers, directors, or trustees, or key employees to a management company or other		3	Х	~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		<u> </u>		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		_ <u>^</u> _
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	1_		
	one or more members of the governing body?		7a		Х
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members	5 ,	1		
_	stockholders, or persons other than the governing body?		7b	نب مو ۴	X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	10,79	,	7.00
	the year by the following		-Delivation	47,000 g	از رافهاند استسطاطها
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9	لـــــا	Х
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue</u>	Coae.		
40-	D'111		400	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		_X
b	If "Yes," did the organization have written policies and procedures governing the activities of such		401	N1/A	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the	ore filing the form?.	11a	人 高達	1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				£ 15 18 1 5
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	168,	12c	x	
40	describe in Schedule O how this was done		13	x	
13	Did the organization have a written whistleblower policy?		14	X	
14	Did the organization have a written document retention and destruction policy?		14	^ ·	f Corn
15	Did the process for determining compensation of the following persons include a review and appropriate the deliberation of the				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation			X	1000
a	The organization's CEO, Executive Director, or top management official		15a 15b		
b	Other officers or key employees of the organization		700	WA 3555	<u> १.स.इ</u> ट्टू
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			70°7	
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements a taxable paths during the vessel.		460	24.4	-
L	with a taxable entity during the year?		16a ₩2₹	- 13 A	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th			7.7	3.4
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		16b	NI/A	لشنت
4	the organization's exempt status with respect to such arrangements?		Ion	INA	
	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NY				
17		0 T (Section 501/c)/3	Ne only		
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-1 (Section 501(C)(3	/5 UIII)	,	
	available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (e)	nlain in Schodula O			
۵	Own website X Another's website X Upon request Other (expressible in Schedule O whether (and if so, how) the organization made its governing documents,	plain in Schedule O)		Ч	
9		commer or interest po	ncy, an	u	
20	financial statements available to the public during the tax year.	nocke and records:			
.0	State the name, address, and telephone number of the person who possesses the organization's t	(740) 050 000	\ -		
	FLATBUSH DEVELOPMENT CORPORATION 1616 NEW/VIRW AVENUE PROOKLYN, NY 11226	(718) 859-3800	<u>.</u>		

_	•			-	-				
Form 990 (2014)	FLATBUSH DEVELOPMENT COF	RPORATION			51-01882	51 Page 7			
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key E	mployees, and	Highest Compensated E	mployees					
organization's	this table for all persons required to be tax year. of the organization's current officers, di								
List all c List the who received	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								
	of the organization's former officers, ke eportable compensation from the organ			employees who r	eceived more that	an			
organization, i	of the organization's former directors o more than \$10,000 of reportable compe	ensation from the	e organization and any rel	ated organizatıo	ns.	:he			
	n the following order: individual trustees employees, and former such persons.	or directors, ins	stitutional trustees, officers	, key employees	s, highest				
Check thi	s box if neither the organization nor any	related organiz	ation compensated any c	urrent officer, dir	ector, or trustee				
	(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Or d. Institt	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			

(A) Name and Title Average hours per week (list any hours for related organizations below dotted line)		box,	unles er an	Pos neck ss pe	rson	than one is both an or/trustee) Former Highest compensated		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JAY COHEN	1.00	tee	ustee			ensated				
PRESIDENT		Х		x				_0	ο	0
(2) SAM AINBINDER	1 00									
VICE PRESIDENT		Х		X	_			0	0	0
(3) SANDRA HARRIS	2.00				ļ					_
BOARD MEMBER		X	⊢		<u> </u>			0	0	0
(4) MICHAEL LEVINE	1 00	,,								0
BOARD MEMBER	1.00	X	-		_		-	0	0	<u> </u>
(5) LOIS JACKSON BOARD MEMBER	1.00	x	ļ					О	o	0
(6) SAL LENTINI	1 00		-		-		-			
BOARD MEMBER		Х						0	l o	0
(7) DIANNE RUSSO	2 00									
TREASURER		Х		Х				0	0	0
(8) ROBIN REDMOND	40.00								<u> </u>	
EXECUTIVE DIRECTOR				X				93,533	0	11,119
(9)										_
(10)										
(11)		_				-				
(12)										
(13)										
(14)										

Form	990 (2014)	FLATBUSH DEVELOPMENT	CORPORATION								<u>5</u> 1-0	1882	51	Page 8		
Р	art VII	Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,	and	iH t	ghes	t Co	mpensated Em	ployees (cor	s (continued)				
		(A) Name and title	(B) Average hours per week (list any	Position (do not check more than o box, unless person is both officer and a director/truste						(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe			
			hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compens from t organiza and rela organiza	sation the ation ated		
(15)																
(16)																
(17)																
(18)																
(19)				<u> </u>												
(20)												\top				
(21)																
(22)							 									
(23)			-								<u>-</u>			_		
(24)											<u></u>					
(25)																
1b	Sub-total		L	L	<u> </u>	<u>ئــــا</u>	<u> </u>	l		93,533		0		11,119		
c d	Total from	n continuation sheets to Part VII, S I lines 1b and 1c).	ection A					•	^	93,533		0		11,119		
2		ber of individuals (including but not li									,000 of	<u> </u>		11,11,		
		compensation from the organization		_		1								T.:		
3	-	ganization list any former officer, dire on line 1a? <i>If "Yes," complete Sched</i>		-		oye	e, o	r high	nest	compensated		- 1	Yes	s No X		
4	For any inc	dividual listed on line 1a, is the sum ozation and related organizations greated	of reportable con	pens	atic						1		4	X		
5	Did any pe	erson listed on line 1a receive or acci	•			-			_		idual	×>				
-		s rendered to the organization? If "Yependent Contractors	es," complete Sc	hedu	le J	for	suc	h per	son	······		:	5	<u> </u>		
1	Complete t	this table for your five highest competion from the organization Report co										's tax				
	<u> </u>	(A) Name and business add	ress		-					(B) Description of serv	rices	Corr	(C)	n		
NON	 E									· · · · · · · · · · · · · · · · · · ·						
														(
									L							
				_						<u> </u>						
2		per of independent contractors (inclu-	_	ed to	thos	se li	stec	abo	ve)	who received	23- 1 1 47- 1		Cantal S			

Part VIII	Statement of Revenue	
	Check if Schedule O contains a response or note to any line in this Part VIII	

		Check if Schedule O contains	a response c	or n	ote to any line ii	n this Part VIII			🔲
	は一般に対象					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
υ ₁₀	1a	Federated campaigns		1a	0	张馨 经营港	347834		では ないない はんだい はんかい はんしゅう はんしゃ はんしゃ はんしゃ はんしゃ はんしゃ はんしゃ はんしゃ はんしゃ
Grants	b	Membership dues	[1	1b	0				
20.5	C	Fundraising events	<i>[</i> 7	1c	70,201			经企业	
Gifts, llar An	d	Related organizations	[1	id	0				这种意思
is, C	е	Government grants (contribution	s) [1	1e	1,650,197			新建造新加 拉	
rtfor er S	f	All other contributions, gifts, gran	its, and						基金和美国
Contributions, Gifts, Grants and Other Similar Amounts	1	similar amounts not included abo	ove [ˈ	1f	183,378			家在"红旗"。 语:"在 全成是是是是一种	
ont	g	Noncash contributions included in I	nes 1a-1f:	\$	6,455				
	h	Total. Add lines 1a-1f			<u></u>	1,903,776	- Sich Williams		
9					Business Code			The state of the s	
Je J	2a	SERVICE FEES			900099	65,000	65,000		
Re	b					0			
vice	С			Į		0			
Ser	d					0			
am	е			1	·	0			
Program Service Revenue	f	All other program service revenu	e	ı		0			a Control was a control
۵.	g_		<u>.</u> .			65,000	是的基础。是		14 CHE 15
	3	Investment income (including div			and	_			
		other similar amounts)			•	2			2
	4	Income from investment of tax-ex	cempt bond pr	roc	eeds .	0			
	5	Royalties		·-	<u> ▶</u>	0	AND THE STREET	and seems provided the form of	Company of Society and
	_		(i) Real	_	(II) Personal		党队是证明为	第 人是非常是	
	6a	Gross rents							
	b	Less rental expenses		_			學是是特得	直接問題	
	C	Rental income or (loss)	<u> </u>	0		Tal. 12 Ballian St.	- 31, 32 Example 3, Example 1		100
	d	Net rental income or (loss)	(i) Secunties	÷	(II) Other	U Santa Sant	GRANCEANATH		Carry March
	7a	Gross amount from sales of	(i) Securities	_	(II) Outer				
	.	assets other than inventory		의					
	b	Less: cost or other basis			0		经的特别		
1	_	and sales expenses		위					
	d	Net gain or (loss)	L	٧.		0	Although the second		hita Talling marka and the
	-	Net gain or (1033)		Ī	· · · · · · · · · · · · · · · · · · ·	STARTATE T	131 N. 13 N. 154 N.		Frank Frank
<u>o</u>	8a	Gross income from fundraising		ł			美国教育		
านเ		events (not including \$	70,201						
ev.		of contributions reported on line		- [The second second		
r.		0 0 1041 40	•	a l	40,335	· 三二次 李 连			
Other Revenue	b	Less direct expenses	1	b	53,547				
Ò	С	Net income or (loss) from fundrai	sing events.	. •		-13,212			-13,212
	9a	Gross income from gaming activi	ties	[
		See Part IV, line 19		a	0				
-	b	Less: direct expenses	1	b [0	等等。			
	С	Net income or (loss) from gaming	activities	•	▶	0			
	10a	Gross sales of inventory, less							
J		returns and allowances	:	a	0				
	b	Less. cost of goods sold		ЬĹ	0				
ļ	С	Net income or (loss) from sales o	f inventory.	<u>. ,</u>	>	0	ercan gazzana (Tax	B I Charles and Charles	the temperature of the second second
ļ		Miscellaneous Revenue		\dashv	Business Code		No.		
1	11a	OTHER INCOME				2,950	2,950		
J	b]		0			
[C		·			0			
ļ	d	All other revenue		Į		0	্যালুন্তি নামুক্ত জন্ম এন মান্তি জা	Mary and an experience of the second	at Trade & Table & Company Company
	е	Total. Add lines 11a-11d .			▶	2,950		AUFFILL OF	
	12	Total revenue. See instructions				1,958,516	67,950	0	-13,210

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations	
Section Sulficial (Land Sulficial) organizations must complete all collimns. All other organizations	: must complete collima (A)
Occiden out (c)(a) and out (c)(4) organizations must complete an objaining the organizations	must complete column (7.7).

Check if Schedule O contains a response or note to any line in this Part IX. (B) (C) (D) (A) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations domestic governments See Part IV, line 21 0 2 Grants and other assistance to domestic individuals See Part IV. line 22. 0 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, 42,983 50.453 trustees, and key employees 93,436 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 960.466 34,932 925,534 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits 63.817 58,646 5,171 10 110,759 101,786 8,973 11 Fees for services (non-employees): 96,000 42,814 53,186 а Management. 0 b Legal 16,000 16,000 C Accounting Lobbying. d The control of the control of Professional fundraising services. See Part IV, line 17. 0 е f Other (If line 11g amount exceeds 10% of line 25, column 143,587 123,740 16,872 2,975 (A) amount, list line 11g expenses on Schedule O.) 12 835 835 120,494 13 Office expenses 127.024 6,530 Information technology . . . 14 8.671 8.671 15 Royalties . 0 16 Occupancy 42,187 35,493 6,694 17 Travel 17,683 17,673 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . 19 431 431 Conferences, conventions, and meetings 20 0 Payments to affiliates 21 0 22 6,191 2,064 8,255 Depreciation, depletion, and amortization 16,931 23 17,462 Insurance 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.) OTHER PROGRAM EXPENSES 123,708 123,708 **b** STAFF DEVELOPMENT AND TRAINING 6,827 6,827 FEES, DUES AND SUBSCRIPTIONS 5,524 2,661 2,863 C EVENT EXPENSES 21,147 10,985 10,162 BAD DEBT AND MISC 6,578 1,617 4,961 e All other expenses 217,911 13,137 1,639,349 25 Total functional expenses. Add lines 1 through 24e 1,870,397 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 following SOP 98-2 (ASC 958-720)

Check if Schedule O contains a response or note to any line in this Part X. (B) (A) Beginning of year End of year Cash—non-interest-bearing 47,685 2 40,378 2 Savings and temporary cash investments . . . 27,675 3 Pledges and grants receivable, net . . . 40,550 4 5.034 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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. 6 7 Notes and loans receivable, net. Inventories for sale or use . . 602 0 9 Prepaid expenses and deferred charges . 17,657 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a Less accumulated depreciation 11 Investments—publicly traded securities 11 0 ol 12 0 12 Investments—other securities See Part IV, line 11. 13 Investments—program-related See Part IV, line 11. . . 0 13 0 ol 14 0 14 Intangible assets Other assets See Part IV, line 11 15 661,400 15 505,594 16 Total assets. Add lines 1 through 15 (must equal line 34) 667,031 16 808.895 199,422 17 17 235,384 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 23 0 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties ol 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 79,446 96,979 Total liabilities. Add Ines 17 through 25 278.868 26 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. 27 27 351,456 434,747 28 28 41,785 Fund 29 Organizations that do not follow SFAS 117 (ASC958), check here <u></u> complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . 31 32 32 Retained earnings, endowment, accumulated income, or other funds . . . 33 388,163 33 476,532 Total liabilities and net assets/fund balances 667.031 808,895

Form	990 (2014) FLATBUSH DEVELOPMENT CORPORATION	51-	0188251	Pag	_{je} 12
Par	t XI Reconciliation of Net Assets				
	.Check if Schedule O contains a response or note to any line in this Part XI		· ·	. [X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,958	3,516
2	Total expenses (must equal Part IX, column (A), line 25)	2		,870),3 <mark>97</mark>
3	Revenue less expenses Subtract line 2 from line 1	3		88	3,119
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		388	3,163
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			250
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		476	,532
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. [</u>	<u>_</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		2 20 5 F		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		是然		TENER TENER
	Schedule O.		2 m		ران دارتنگ
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 compiled or				
	reviewed on a separate basis, consolidated basis, or both.			ζ _{ει} ,	
	Separate basis Consolidated basis Both consolidated and separate basis		£ 1/2	ترت	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	-
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		50.2	<u> الْجَيْةِ :</u> الْجَيْةِ : ا	3.5
	separate basis, consolidated basis, or both		2 22	1.4	
	X Separate basis Consolidated basis Both consolidated and separate basis		1.65.5	18,38	
_			و روتره و		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		15-2-7	7 e.i	TE EVI
	Schedule O.			جم مي غيرون	ng Pag Pagan
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			متحمق	£
Ja	the Single Audit Act and OMB Circular A-133?		3a	N/A	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•			
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b	_{N/A}]	
			Form		(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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

1441111	e or n	ne organization					Employer identification	on number	
		SH DEVELOPMENT CORPOR						88251	
Pai	rt I	Reason for Public Char	rity Status (All or	ganizations must co	mplete t	his part)	See instructions.		
The	orga	anization is not a private founda	tion because it is: (F	or lines 1 through 11,	check only	y one box)		
1		A church, convention of church	ies, or association o	of churches described in	n section	170(b)(1)	(A)(i).		
2		A school described in section	170(b)(1)(A)(ii). (Att	tach Schedule E)					
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(b)(1)(A)(iii	i).		
4		A medical research organization	n operated in conju	nction with a hospital d	lescribed	in section	170(b)(1)(A)(iii). Er	nter the	
		hospital's name, city, and state	:						
5		An organization operated for the section 170(b)(1)(A)(iv). (Com		ge or university owned	or operate	ed by a go	vernmental unit des	cribed in	
6		A federal, state, or local govern	nment or governmer	ntal unit described in s e	ection 176	D(b)(1)(A)((v).		
7	X	An organization that normally r described in section 170(b)(1)			m a gove	rnmental ι	unit or from the gene	eral public	
8		A community trust described in	section 170(b)(1)(A)(vi). (Complete Part	II)				
9		An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt function income and unrelated	ons—subject to certain ted business taxable in	exception come (les	ns, and (2) s section (no more than 33 1/5 511 tax) from busine	3% of its	
10	\Box	An organization organized and	operated exclusive	ly to test for public safe	ety See s	ection 509	a)(4).		
11		An organization organized and of one or more publicly support	operated exclusive	ly for the benefit of, to	perform th	ne function	s of, or to carry out	the purposes n 509(a)(3).	
_	ſ	Check the box in lines 11a thro Type I. A supporting organize	ugh 11d that descri	bes the type of support	ting organ	ization and	d complete lines 11e	e, 11f, and 11g	
а	L	the supported organization(sorganization).	s) the power to regu	ılarly appoint or elect a	majority	of the direc	ctors or trustees of t	he supporting	
b	. [Type II. A supporting organic control or management of the organization(s). You must o	ne supporting organ	ization vested in the sa	on with its ame perso	s supported ons that co	d organization(s), by ntrol or manage the	having supported	
С	[Type III functionally integrates supported organization(s	ated. A supporting o	organization operated i	n connect	tion with, a	and functionally integ	grated with,	
d	[Type III non-functionally in that is not functionally integr	itegrated. A suppor	ting organization opera	ated in co	nnection w	rith its supported org		
		requirement (see instruction							
е	[Check this box if the organize					Type I, Type II, Typ	e III	
_		functionally integrated, or Ty	•	ally integrated supportin	ng organiz	ation			ิก
t		Enter the number of supported	J)
_9		Provide the following information Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	-
	•	, , , , , , , , , , , , , , , , , , ,	(-)	(described on lines 1–9 above or IRC section (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)	
				(See madadions))	Yes	No			
A)									~
,				1	ĺ _	i i			
В)									
C)									-
D)									~
					 		<u> </u>		-
E)				1					
					335-3445-3 	NAME OF THE PERSON OF THE PERS			~
otal			是是基础				0	<u> </u>)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Se</u>	ction A. Public Support						
Cal	endar 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					4 000 ==0	0.500.004
_	include any "unusual grants ")	933,420	983,646	1,080,977	1,696,442	1,903,776	6,598,261
2	Tax revenues levied for the organization's		J				
	benefit and either paid to or expended on						
_	ıts behalf						0
3	The value of services or facilities					1	
	furnished by a governmental unit to the						0
1	organization without charge	022 420	092.646	1 000 077	1,696,442	1,903,776	0 6,598,261
4 5	Total. Add lines 1 through 3	933,420	983,646	1,080,977	1,090,442 2 1,55754 2 2 3	1,903,776	0,390,201
5	The portion of total contributions by each person (other than a governmental unit		A STATE OF THE STA	是可能是其他		17 12 4 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						22,914
6	Public support. Subtract line 5 from line 4	The Control of the second	是指性性的				6,575,347
	ction B. Total Support	San the Stranger of the Park Park	Target and the state of the	Address of the Addres	F 4 - 2 1 Care 1 F - 2	[94 (22 9 2 2] 7 7	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	933,420	983,646	1,080,977	1,696,442	1,903,776	6,598,261
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources				13	2	15
9	Net income from unrelated business activities, whether or not the business is						
	regularly carried on				<u> </u>		0
10	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	5,950	6,107	5,547	5,468	2,950	26,022
11		37711111		23. 4355. 2020	The second of th		6,624,298
12	Gross receipts from related activities, etc (se	•				12	135,252
13	First five years. If the Form 990 is for the or organization, check this box and stop here.	=			is a section 501(c)	(3)	
0				<u> </u>	· · · · · · · · · · · · · · · · · · · 	· · · · · ·	
	tion C. Computation of Public Sup						
	Public support percentage for 2014 (line 6, co	* * * * * * * * * * * * * * * * * * * *	-			14	99 26%
	Public support percentage from 2013 Schedu					15	98 83%
	33 1/3% support test—2014. If the organization qualifies as	a publicly support	ed organization.				▶ X
a	33 1/3% support test—2013. If the organization qualified box and stop here. The organization qualified						. ▶
17a	10%-facts-and-circumstances test—2014. Is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization	s the "facts-and-cir s-and-circumstance	cumstances" test, es" test. The organ	check this box and ization qualifies as	stop here. Explai a publicly supporte	n in ed	. >
	10%-facts-and-circumstances test—2013. 15 is 10% or more, and if the organization me Part VI how the organization meets the "facts supported organization	eets the "facts-and -and-circumstance	-circumstances" te es" test. The organ	st, checkthis box a zation qualifies as	and stop here. Ex a publicly		>
18	Private foundation. If the organization did n	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶

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

(Complete only if you checked	d the box on li	ne 9 of Part I o	or if the organiza	ation failed to q	ualify under Pa	rt II.
If the organization fails to qua	lify under the	tests listed bel	ow, please com	plete Part II.)		
A. Public Support	<u> </u>					
year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) To
grants, contributions, and membership fees						
ed (Do not include any "unusual grants ")		_				
receipts from admissions, merchandise						

			10010 110100 1001				
Se	ction A. Public Support						
Cal	endar 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") Gross receipts from admissions, merchandise sold or services performed, or facilities						C
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		İ		ĺ	Į.	
	unrelated trade or business under section 513	ļ. —	ļ		 	ļ	
4	Tax revenues levied for the organization's				1)	
	benefit and either paid to or expended on		1		ļ	j j	_
	its behalf				ļ		
5	The value of services or facilities				ĺ	[
	furnished by a governmental unit to the				<u> </u>]	_
	organization without charge				<u> </u>		
6	Total. Add lines 1 through 5	0	0	0	0	0	
7a	Amounts included on lines 1, 2, and 3]		
	received from disqualified persons						<u>_</u>
b	Amounts included on lines 2 and 3 received				{	[
	from other than disqualified persons that				ļ	Ì	
	exceed the greater of \$5,000 or 1% of the	1			ł		
	amount on line 13 for the year		 		<u></u>		
C	Add lines 7a and 7b	0	0	0	0	0	
8	Public support (Subtract line 7c from			NEW YORK	计数据语言		
	line 6.)	"自然"(《诗诗》	是是是是是	असे अधिकता स्थान			C
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	0	0	0	C
10a	Gross income from interest, dividends,				})	
	payments received on secunties loans,				}		
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
					1	1	

Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	0	0	0	C
10a	Gross income from interest, dividends,					-	
	payments received on secunties loans,				,	1	
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	0	0	0	0	0	C
11	Net income from unrelated business			i			
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets		ĺ				"
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0

	and 12.)	o	0	0	0	0	(
4	First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	n, or fifth tax year a	s a section 501(c)	(3)	_
	organization, check this box and stop here					<u> </u>	 L
Sec	ction C. Computation of Public Su	pport Percenta	ige			· - · -	

Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15_	0 00%
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	0 00%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0.00%

19a	33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%,	and line	e 17 is
18	Investment income percentage from 2013 Schedule A, Part III, line 17	18	0 00%
- •	the control in the posterior go for the first control of the contr		

	not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	
b	33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	
	line 18 is not more than 33.1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	

Part IV

Supporting Organizations

(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 Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sac	tion	A A II	Siin	norting	Orac	nizations
<u> </u>	uon	A. A11	Sup	porung	Orga	111124110115

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b 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.
- c 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
- 4a 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.
- **b** 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
- c 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) purposes.
- 5a 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).
- **b** 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?
- c 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 Part VI.
- 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)
- 8 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).
- 9a 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**.
- **b** 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**.
- c 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**.
- 10a 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.
 - **b** 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
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	10b		
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3

b

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

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

3a

<u>51-0</u>	0188251 Page 6
e ins	structions. All
	(B) Current Year (optional)
0	0
0	(B) Current Year (optional)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov. 20, 1970. See ins	structions. All
other Type III non-functionally integrated supporting organizations must con	mple	te Sections A through E	
Section A - Adjusted Net Income (A) Prior Year			(B) Current Year (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	0	0
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	0	0
Section B - Minimum Asset Amount	(B) Current Year (optional)		
Aggregate fair market value of all non-exempt-use assets (see	246	20 中华大学大学大学中心	
instructions for short tax year or assets held for part of year).			
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	0	0
e Discount claimed for blockage or other	12.7		一些一些一种
factors (explain in detail in Part VI):	- 15		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	T		
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	できまれることできること	0
2 Enter 85% of line 1	2	というは、一般には、これには、	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The state of the s	0
4 Enter greater of line 2 or line 3	4	ででの経過性性が発展される	0
5 Income tax imposed in prior year	5	Standard Bridge Barrier	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	lv-int	egrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2014 FLATBUSH DEVELOPMENT CORPORATION

instructions)

Schedule A (Form 990 or 990-EZ) 2014

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 0 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 0 Line 8 amount divided by Line 9 amount 0 000 (iii) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014: the second terms of the second the state of the s Company of the control of the contro the state of the s FOOTH WINTERSON STAN From 2013 O Francisco Total of lines 3a through e The factor of the same Applied to underdistributions of prior years Applied to 2014 distributable amount 。 一种是一种的一种,一种是一种的一种。 Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f O The state of the Distributions for 2014 from Section D, line 7: The state of the s Applied to underdistributions of prior years Applied to 2014 distributable amount 0 Remainder Subtract lines 4a and 4b from 4. 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 Excess distributions carryover to 2015. Add lines 3j Breakdown of line 7: **以中国的政治的** C Excess from 2013. Excess from 2014

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

► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. **Open to Public** Inspection

Name	of the organization	Employer identification number				
FLA	TBUSH DEVELOPMENT CORPORATION	51-0188251				
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.						
	(a) Donor advised funds	(b) Funds and other accounts				
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 in	donor advised				
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	ınds can be				
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or to	for any other				
	purpose conferring impermissible private benefit?	Yes No				
Par	t II Conservation Easements.					
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply)					
		of a historically important land area				
		of a certified historic structure				
2	Preservation of open space	in the form of a conservation				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution easement on the last day of the tax year	Held at the End of the Tax Year				
а	Total number of conservation easements	2a				
b	Total acreage restricted by conservation easements	2b				
c	Number of conservation easements on a certified historic structure included in (a)					
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a					
	historic structure listed in the National Register	2d				
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organization				
	during the tax year	, -				
4	Number of states where property subject to conservation easement is located					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, I	nandling of				
	violations, and enforcement of the conservation easements it holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea	asements during the year				
_)					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easem	ents during the year				
_						
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of					
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	· · · · · · · · · Yes · No				
9	In Part XIII, describe how the organization reports conservation easements in its revenue a balance sheet, and include, if applicable, the text of the footnote to the organization's finan					
	the organization's accounting for conservation easements.	ciai statements that describes				
Par		r Other Similar Assets.				
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.					
1a		renue statement and halance sheet				
ıa	1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance					
	of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet					
~	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance					
of public conting provide the fellowing execute valeting to those items.						
(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 art, historical treasures, or other similar assets					
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items						
а	Revenue included in Form 990, Part VIII, line 1					
b_	Assets included in Form 990, Part X	> \$				

1a ď Equipment. 0 26,168 8,176 17,992 Other. οi 6.250 1,041 5,209 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c). 23.201

Part VII	Investments—Other Securitie Complete if the organization ar		0. Part IV. line 11b. See Form 9	990. Part X. line 12.
(a) I	Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mai	ation
(1) Financial d	lerivatives	0		
. ,	Id equity interests	0		
•	,			
(C)				
(D)				
(E)		<u></u>		
(F)				
(G)	•••••			
(H)			The second of the second secon	a state of the state of the second of the second
	nust equal Form 990, Part X, col (B) line 12)	·	是是一种是一种的	
Part VIII	Investments—Program Relat Complete if the organization ar		0, Part IV, line 11c. See Form 9	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	
_ (2)				
_ (3)				
_(4)				
_ (5)		· · · · · · · · · · · · · · · · · · ·		
_(6)				
_(7)				
(8)				
(9)	ust equal Form 990, Part X, col. (B) line 13.)			
Part IX			The way to be in the house of the said of	<u>राष्ट्रियोग्यास्थ्यम् । याः १८ स्टीर्काः वि</u>
Pailix	Other Assets. Complete if the organization an	sewered "Vec" to Form 99	0 Part IV line 11d See Form 9	000 Part X line 15
		a) Description	o, raitiv, ille riu. dee roilli d	(b) Book value
(1) Due from	Governmental agencies	, Dood, Pater		591,860
(2) Security of				4,540
	fees receivable			65,000
_ (5)				
_(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, co	I. (B) line 15) <u></u>	<u> </u>	661,400
Part X	Other Liabilities.		0 Dard IV/ Eng. 445 ag 445 Cop. 6	Tarm 000 Dart V
	Complete if the organization an line 25.	swered "Yes" to Form 99	υ, Partiv, line the or thi. See i	-om 990, Part X,
1.	(a) Description of liability	(b) Book value	The section of the se	
(1) Federal in	come taxes	0	the transfer of the property of the contract o	
	from governmental agencies	83,733	しゃ 化物 さいしょうしゅ はい はい はい はんしゅ エカルにをはんかい べつすい	
(3) Agency fu	nds payable	13,246		
(4)				المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ا المراجعة المراجعة
(5)				理論等。
<u>(6)</u>				
_(7)				
<u>(8)</u>				
(9) Total, (Column (b) mus	t equal Form 990, Part X, col (B) line 25)	96.979		
(. ogoor roms goor runt A, COI (D) III/C 20 /	90.9/91	to the same the same and sent the first that it is not the first than the same and	are more only a long of the met in the last last a little.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pan	Complete if the organization answered "Yes" to Form 990, Pa			Retur	11.
1	Total revenue, gains, and other support per audited financial statements.	ait iv, ii	116 124.	1 1	2,016,165
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			12:33	2,010,100
	Net unrealized gains (losses) on investments	2a	1		
a b	Donated services and use of facilities	2b	20,582	101 32 201	
C	Recoveries of prior year grants		20,002	7 1 2 2	
d	Other (Describe in Part XIII)	2d	53,547		
u e	Add lines 2a through 2d		00,041	2e	74,129
3	Subtract line 2e from line 1			3	1,942,036
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	Ι.	1		1,0 (2,000
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	16,480		•
C	Add lines 4a and 4b.			4c	16,480
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).			5	1,958,516
	XII Reconciliation of Expenses per Audited Financial Statem				
rait	Complete if the organization answered "Yes" to Form 990, Pa			GI IXGU	uiii.
1	Total expenses and losses per audited financial statements	_		1	1,927,796
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			7 529	
а	Donated services and use of facilities	2a	20,582		
b	Prior year adjustments	2b			
C	Other losses	2c	· · · · · · · · · · · · · · · · · · ·	E7 5	
d	Other (Describe in Part XIII)	2d	53,547	700	
e	Add lines 2a through 2d			2e	74,129
3	Subtract line 2e from line 1			3	1,853,667
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	i · ·	1	345	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a			
b	Other (Describe in Part XIII.)	4b	16,730	2	
C	Add lines 4a and 4b			4c	16,730
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,870,397
	XIII Supplemental Information.		· · · · ·	1	1,070,007
		7a+1\/ 1	ince the and the Box	+ \ / lino	4: Port V Juno
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, I				4, Part A, line
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pr			311011	
Part X	Line 2 FDC ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD ("FA	ASB") G	UIDANCE ON		
UNCE	RTAIN INCOME TAX POSITIONS IN ITS FINANCIAL STATEMENTS FDC RE	COGNIZ	ES THE EFFECT (OF	
TAX F	OSITIONS ONLY WHEN THEY ARE MORE THAN LIKELY THAN NOT OF BEI	NG SU	STAINED. MANAGE	MENT	
S NO	TAWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION I	EXEMP	T FROM INCOME		
TAXE	S, NOR OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX.				
Part X	I Line 2d SPECIAL EVENT DIRECT EXPENSES				
Part X	II Line 2d SPECIAL EVENT DIRECT EXPENSES				
Part X	I Line 4b SPONSORED PROJECTS INCOME				
art X	II Line 4b SPONSORED PROJECTS EXPENSES				

Schedule D (Form	990) 2014	FLATBUSH DEVELOPMENT CORPORATION	51-0188251	Page 5
Part XIII	Supple	emental Information (continued)	···	
	•			
		•	·	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number FLATBUSH DEVELOPMENT CORPORATION 51-0188251 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C g d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No 1 0 0 0 0 0 0 3 -0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 R 0 0 9 0 0 0 10 0 0 0 Total 0 0 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col (a) through NONE AWARDS DINNER col (c)) (total number) (event type) (event type) Revenue 110,536 0 Gross receipts . . 110,536 70,201 2 Less. Contributions . . . 70,201 Gross income (line 1 3 40,335 minus line 2). 40,335 0 Cash prizes . . 0 4 0 6,455 Noncash prizes. 6,455 Direct Expenses 0 13,093 Rent/facility costs. 13,093 0 7 Food and beverages . . 22,122 22,122 0 1,550 Entertainment 1,550 0 Other direct expenses. 10,327 10,327 Direct expense summary. Add lines 4 through 9 in column (d) 53,547) Net income summary. Subtract line 10 from line 3, column (d) . -13,212 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant Revenue (d) Total gaming (add (c) Other gaming col (a) through col (c)) bingo/progressive bingo 0 Gross revenue. Direct Expenses 0 Cash prizes . . . Noncash prizes . . . 0 Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor. No No No Direct expense summary Add lines 2 through 5 in column (d) 0) Net gaming income summary. Subtract line 7 from line 1, column (d) . . . 0 9 Enter the state(s) in which the organization conducts gaming activities. Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain:

Schea	dule G (Form 990 or 990-EZ) 2014 FLATBUSH DEVELOPMENT CORPORATION	51-0188251	Page 3
11	Does the organization conduct gaming activities with nonmembers?	. Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	☐ No
13	`Indicate the percentage of gaming activity conducted in:	}	
a b	· · · · · · · · · · · · · · · · · · ·	13a 13b	<u>%</u>
14	An outside facility	30	70
	and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Yes	□No
b		. [_] 100	
С	If "Yes," enter name and address of the third party.		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$0		
	Description of services provided •		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
h	retain the state gaming license?	. Yes	∐ №
	or spent in the organization's own exempt activities during the tax year \$\$\\$\$		0
Part			and
	(See manuchons).		
	······································		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number			
FLATBUSH DEVELOPMENT CORPORATION	51-0188251			
Form 990, Part III, Line 4d Program Service Expenses: 16,730, Grants and allocations. 0,				
Revenue 0 - VARIOUS SPONSORED PROJECTS				
Form 990, Part VI, Section A, Line 3 N CHENG & CO PROVIDES FISCAL MANAGEMENT SERV	1CES			
Form 990, Part VI, Section B, Line 11b FORM 990 IS REVIEWED PRIOR TO FILING BY THE FIN	JANCE			
COMMITTEE. COPIES OF FORM 990 ARE MADE AVAILABLE TO ALL BOARD MEMBERS				
Form 990, Part VI, Section B, Line 12c THE BOARD OF DIRECTORS IS REQUIRED TO COMPL	ETEA			
QUESTIONNAIRE TO DISCLOSE ANY CONFLICTS OF INTEREST IN SITUATIONS WHERE IT	IS DETERMINED THAT			
A BOARD MEMBER HAS A CONFLICT OF INTEREST. THE BOARD MEMBER DOES NOT PART	TICIPATE IN VOTES OR			
OTHER DECISION MAKING DISCUSSIONS RELATED TO THE CONFLICT.				
Form 990, Part VI, Section B, Line 15a. THE BOARD OF DIRECTORS DETERMINES THE SALA	RY OF THE			
EXECUTIVE DIRECTOR TAKING INTO CONSIDERATION COMPARISONS OF OTHER NON-PF	ROFITS SIMILARLY SIZED			
WHO OFFER SIMILAR SERVICES. THE DECISION PERTAINING TO THE SALARY IS DOCUME	NTED IN BOARD			
MINUTES.				
Form 990, Part VI, Section C, Line 19. GOVERNING DOCUMENTS, CONFLICT OF INTEREST P	OLICY AND			
THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.				
Form 990, Part XI, Line 9 OTHER CHANGES IN NET ASSETS REPRESENT CHANGE IN NET A	SSETS OF THE			
SPONSORED PROJECTS.				
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