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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)

OMB No 1545-0047

Inspection 06/30,2016

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public.

07/01, 2015, and ending

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

Open to Public

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L	Initia	il return	112	2 FRANI	CLIN .	AVENUE,	SUITE	206							(516) 2	48 - 4	1817		
L		return/ inated	City of	r town, state	or provi	nce, country	, and ZIP or	foreign	postal co	de									
	Amer	nded D	GAR	DEN CIT	ry, N	Y 11530									G Gross receip	ts \$		8,212	,247.
	_	cation	F Name	and addres	s of princ	upal officer	GEOF	RGE I	HORTO	N				\neg	H(a) is this a gr		ım for	Yes	X No
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ī	Tax-ex	cempt sta	atus	X 501(c)(3)	501(c) () ◀	(insert	no.)	494	7(a)(1)	or	527	TÍ.	If "No," att		_	structions)	
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	1	Briefly	describ	e the orga	nization	's mission	or most sig	ınıficar	nt activiti	es	PRO			AL -	APARTMEN	115	FOR I	ERSON	
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٧e	2	Check	this box	: ▶ ∐ ₁	f the or	ganization	discontinu	ed its	operation	ons or	dispose	d of m	ore than :	25% (of its net asse	ts			
Governance	3	Numb	er of vot	ing membe	ers of th	e governin	g body (Pa	rt VI, li	ne 1a)							3			5.
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	1 -	Net ur	related	business t	axable ii	ncome from	1 Form 990	- 1, 11116	= O F	iiiii	·n·	· · 	 , .	• • •	Prior Year	7b		urrent Y	
		8 Contributions and grants (Part VIII line 1h) RECEIVED												riioi reai	 -		unent i		
ē	8	The state of the s										· · · _			0.			0.	
Revenue	9	9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4 and 7d)NOV 1 5 2016									Ĺ		7,498,45		8,194,123				
ş	10	Invest	ment inc	ome (Part	VIII, col	umn (A), lır	nes 3, 4, (a)h	id 7d)	10 À ' 1	. U .		. 8			5,5	17.		18	,124.
_	11	Other	revenue	(Part VIII,	column	(A), lines 5	5, 6d, 8 ¢, 9	d 10c,	and 11	e) <u>.</u>		اجاليا	<u>!</u> ∟			0.		J	0.
	12					gh 11 (mu:						·	<u>l</u>		7,503,9	74.		8,212	,247.
	13	Grants	and sin	nılar amoui	nts paid	(Part IX, co	lumn (Å), I	ines	3)	ملاليا	المجلب					0.			0.
	14	Grants and similar amounts paid (Part IX, column (A), lines (13). Benefits paid to or for members (Part IX, column (A), line 4). Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).												0.	0				
s	15												648,2	82.	674,221				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)									⊢			0.1	0				
ğ	h					IX, column													
ŭ	17			-	•									-	5,604,34	17		8,616	784
						(A), lines 1									6,252,62			9,291	
	1					(must equa													
P 8	19	Reven	ue less e	expenses	Subtrac	t line 18 fro	m line 12.	<u>···</u>		<u> ,</u>	•••	<u></u>			1,251,34	\rightarrow		1,078	
350													154		ing of Current	-		nd of Yea	
Assets 1 Balanc	20		•	art X, line 1									📙		2,851,97	 +		5,503	
		Total I	abilities	(Part X, line	e 26) 🚬									3	0,894,93	31.	56	5,203	,283.
	22	Net as	sets or f	und baland	ces Sul	btract line 2	1 from line	20	<u> </u>		<u> </u>	<u> </u>			1,957,04	16.	-19	9,700,	222.
Pa	irt II	Sig	nature	Block															
Un	der per	nalties of	perjury,	declare th	at I have	examined t	his return, ir	cludin	g accom	panying	schedul	les and	statemen	ts, an	d to the best of	of my l	nowled	ge and b	elief, it is
inu	e, corre	ca, and c	complete	Neclaration	ot prepa	ref (other tha	in officer) is	Dased	on all inte	ormation	of whic	n prepa	arer nas ar	iy kno	wiedge				
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	90 (2015) rage
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
4 5	
	riefly describe the organization's mission
	D PROVIDE RENTAL APARTMENTS FOR PERSONS ITH VERY LOW INCOME
<u>w</u>	TTH VERY LOW INCOME
_	
	id the organization undertake any significant program services during the year which were not listed on the ior Form 990 or 990-EZ?
1f	"Yes," describe these new services on Schedule O
se	the organization cease conducting, or make significant changes in how it conducts, any program ervices?
4 D	"Yes," describe these changes on Schedule O. escribe the organization's program service accomplishments for each of its three largest program services, as measured b openses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	e total expenses, and revenue, if any, for each program service reported
4a (C	ode) (Expenses \$, oos including grants of \$) (Revenue \$, 8,194,123)
_	HE CORPORATION OWNS AND OPERATES 200 RENTAL APARTMENTS FOR
<u>P</u> .	ERSONS WITH VERY LOW INCOME
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b (C	ode) (Expenses \$ including grants of \$) (Revenue \$)
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	her program services (Describe in Schedule O)
<u> </u>	xpenses \$ including grants of \$) (Revenue \$) tal program service expenses ▶ 9,291,005.
SA E 1020	000
_ 1020	79646M 1608 V 15-7F 4540117 PAGE

Form 9	990 (2015)		F	age 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	
	complete Schedule A	1_	X	ļ.,.
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)	Ι.	i	
	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,	1		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	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,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	İ .		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or		ļ	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
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
14a	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,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Ì	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ł	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	↓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		ł	
	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		<u> </u>	
	organization's current and former officers, directors, trustees, key employees, and highest compensated		İ	
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		l	
	\$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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
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		X
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		Х
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	1		ĺ
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	•		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_ x_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	_		
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<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	Х	<u> </u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		Ţ	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
	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		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	197 Note. All Form 990 filers are required to complete Schedule O	38	х	
		- 1	200	

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	• • •	لمساخ
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Porms VV-2G included in line 1a. Enter -0- ii not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		
•	reportable gaming (gambling) winnings to prize winners?	1c		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
h	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 25 lf 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)			
3 <i>a</i>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)		1	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_ X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь	ļ	
	Organizations that may receive deductible contributions under section 170(c).	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	$\neg \neg$	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			v
	sponsoring organization have excess business holdings at any time during the year?	8		Х
	Sponsoring organizations maintaining donor advised funds.	9.2		Х
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		$-\frac{x}{x}$
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	35		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
SA E 1040	1 000	Form 9		
	79646M 1608 V 15-7F 4540117		PA	GE S

Sect	ion A. Governing Body and Management			Yes	No
		1a	5	105	NO
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	1		
	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	5		
b	Enter the number of voting members included in line 1a, above, who are independent		<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ationship with	2		х
	any other officer, director, trustee, or key employee?		2		-
3	Did the organization delegate control over management duties customarily performed by or ur			x	ĺ
	supervision of officers, directors, or trustees, or key employees to a management company or other		3	 ^-	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		<u> </u>	 	x
5	Did the organization become aware during the year of a significant diversion of the organization's		5		x
6	Did the organization have members or stockholders?		6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to el				x
	one or more members of the governing body?		7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval				x
	stockholders, or persons other than the governing body?		7b		^
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:		0-	v	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be reached at			v
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secu	on B. Policies (This Section B requests information about policies not required by the Internation	emai Revenu	e Coa	9.) Yes	No
			140	105	x
	Did the organization have local chapters, branches, or affiliates?		10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•	10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ing the form?.	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		4.0	v	انسب
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	hat could give		,,	
	rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy			.	
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review an				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		4 7		
	The organization's CEO, Executive Director, or top management official		15a		
Ь	Other officers or key employees of the organization		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			
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to		1	!	
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?	• • • • • • •	16b		
Secu	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Sectio	n 501(d	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply	- dul- 0)			
	Own website Another's website X Upon request Other (explain in Sch	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of in	terest	policy	, and
	financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's b THE WAVECREST MANAGEMENT TEAM 87-14 116TH STREET RICHMOND HILL, NY 11418 718-436-1200	ooks and recor	ds ►		
154	IND MAYEUREST MANAGEMENT TEAM 87-14 ILETH STREET RICHMOND HILL, NY 11418 718-436-1200			000	
JSA 5E1042	1 000		Form	990(2015)

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Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII **Independent Contractors**

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

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	l orga	nıza	tior	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)	box, office Individu	unle: er an	Pos heck ss pe	erson	than of the state	an	(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)MR. KEVIN CRONIN	2.00		<u> </u>							
PRESIDENT	2 00	Х	 	Х	ļ		<u> </u>	0.	0.	0.
(2)MR. PAUL MEYER SECRETORY	2.00	x		x				0.	0.	0.
(3)MR. ANGEL GARCIA	2.00		-	^	 				0.	···································
DIRECTOR	t	x						0.	о.	0.
(4)MS. DEBORAH PRESTI-ESCHE DIRECTOR	2.00	х						0.	0.	0.
(5)MR. ANGEL DIAZ	2.00									
DIRECTOR		х					<u></u>	0.	0.	0.
	2.00	х						0.	0.	0.
(7)MS. CATHERINE GUERRIERO DIRECTOR	2.00	х						0.	0.	0.
[8]										
<u>(9)</u>						_				
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990 (2015)

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Int VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	rson Irect	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	from the organization and related organizations
				-							
					<u> </u>						
						_					
			-								
1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	ection A					 	* * *	0. 0.		0. 0.	0. 0. 0
Total number of individuals (including but not I reportable compensation from the organization.)	ımited to tl		ıste				re	<u> </u>	\$100,000 of		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	or, or ch indi	tru	ıal	٠.			• • • • • • • • • • • •			Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	ater than	\$15								ch 📮	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5 X
Section B. Independent Contractors											
 Complete this table for your five highest componentation from the organization. Report of year. 											tax
(A) Name and business addi	ress							(B) Description of sei	vices		(C) pensation
ATTACHMENT 1											
Total number of independent contractors (in more than \$100,000 in compensation from the				itec		thos	e li	sted above) who	received		
JSA 5E1055 1 000	,									F	om 990 (2015)

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1 a Federated campaigns 1 a b Membership dues 1 b b Membership dues 1 b b membership dues 1 b c d d d d d d d d d	under sections 512-514
Business Code Business Code	
Business Code Business Code	
Business Code Business Code	
Business Code Business Code	
Business Code Business Code	
Business Code Business Code	
Business Code Business Code	
Business Code Business Code	
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Part Part	
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3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2 ▶ 18,124 4 Income from investment of tax-exempt bond proceeds ▶ 0 5 Royalites	
3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2 ▶ 18,124 4 Income from investment of tax-exempt bond proceeds ▶ 0 5 Royalites	
3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2. ▶ 18,124 4 Income from investment of tax-exempt bond proceeds ▶ 0 5 Royalites	
A Income from investment of tax-exempt bond proceeds. Royalties	
Company Comp	
(i) Real (ii) Personal 6a Gross rents	
For the part of th	
b Less rental expenses c Rental income or (loss)	
C Rental income or (loss)	
d Net rental income or (loss)	
Ta Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)	
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)	
b Less cost or other basis and sales expenses c Gain or (loss)	
and sales expenses c Gain or (loss)	
C Garn or (loss)	
d Net gain or (loss)	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	
events (not including \$ of contributions reported on line 1c) See Part IV, line 18	
of contributions reported on line 1c) See Part IV, line 18	
See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events	
C Net income or (loss) from fundraising events ▶ 0 9a Gross income from gaming activities	
C Net income or (loss) from fundraising events ▶ 0 9a Gross income from gaming activities	
9a Gross income from gaming activities	
See Factiv, little 19 a	
b Less direct expenses b	
c Net income or (loss) from gaming activities ▶ 0	
10a Gross sales of inventory, less	
returns and allowances a	
b Less cost of goods sold b	
c Net income or (loss) from sales of inventory	
11a	
b	
d All other revenue	
e Total. Add lines 11a-11d	
12 Total revenue. See instructions	
	rm 990 (2015)

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)

360	Charle of Sahadula Chartains a res				
	Check if Schedule O contains a res	T		· · · · · · · · · · · · · · · · · · ·	7
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic			-1	
-	individuals See Part IV, line 22	0.		the state of the state of	·
3	Grants and other assistance to foreign			aryle), 's	1
٠	organizations, foreign governments, and foreign	1		Sight and a sight	
	individuals See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members				1 1 1 1 1 1
	Compensation of current officers, directors,			222.2	
5		0.			
_	trustees, and key employees	<u> </u>		· · ·	
6	Compensation not included above, to disqualified			}	1
	persons (as defined under section 4958(f)(1)) and	0.			
_	persons described in section 4958(c)(3)(B)		452 503		
	Other salanes and wages	452,583.	452,583.	 	
8	Pension plan accruals and contributions (include	36 705	26 705		
	section 401(k) and 403(b) employer contributions)		36,785.		+
9	Other employee benefits	144,297.	144,297.	<u> </u>	
10	Payroll taxes	40,556.	40,556.	· · · · · · · · · · · · · · · · · · ·	
11				ĺ	
а	Management	410,862.	410,862.	<u> </u>	
b	Legal	92,126.	92,126.	 	<u> </u>
С	Accounting	51,195.	51,195.		
d	Lobbying	0.	· 		
	Professional fundraising services See Part IV, line 17.	0.	The second second	2	<u> </u>
f	Investment management fees	0.			<u> </u>
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0.			
12	Advertising and promotion	0.			<u> </u>
13	Office expenses	18,525.	18,525.		
14	Information technology	0.			
15	Royalties	0.			
16		0.			·
17	Travel	0.			
18	Payments of travel or entertainment expenses	ا ۽ ا			
	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	0.	1 044 070		
	Interest	1,844,872.	1,844,872.		
	Payments to affiliates,	0.	1 040 740		
	Depreciation, depletion, and amortization	1,048,740.	1,048,740.		
	Insurance	127,296.	127,296.		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If		•	III	
	line 24e amount exceeds 10% of line 25, column	The state of the s			
	(A) amount, list line 24e expenses on Schedule (O)	2550 1250 to 125	415 440		 _
	REPAIRS & MAINTENANCE	415,448.	415,448.		ļ
	OTHER RENTING EXPENSES	834,828.	834,828.		
_	OTHER RENTING EXPENSES	825. 266,282.	825.		
_	SECURITY CONTRACT		266,282.	· · · · · · · · · · · · · · · · · · ·	
	All other expenses ATCH 3	3,505,785. 9,291,005.	3,505,785. 9,291,005.		
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	7,231,003.	7,271,005.		
_•	organization reported in column (B) joint costs		ĺ		1
	from a combined educational campaign and fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	0.			
SA	300. 00 2 (100 000 120)	·	 		

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Form **990** (2015)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this F	Part X		X
			(A) Beginning of year		(B) End of year
_	1	Cash - non-interest-bearing	2,334,032.	1	6,789,868.
	2	Savings and temporary cash investments	0.	2	0
	3	Pledges and grants receivable, net		. 3	0
	4	Accounts receivable, net	76,740.	4	115,125
	5	Loans and other receivables from current and former officers, directors,	·	Ť	-
		trustees, key employees, and highest compensated employees	· ·		ļ
			0.	5	0
	6	Complete Part II of Schedule L 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	0.	6	0
ets	7	Notes and loans receivable, net	0.		0.
Assets	8	Inventories for sale or use		8	0.
⋖	9	Inventories for sale or use Prepaid expenses and deferred charges	645,961.	<u> </u>	1,717,224.
			545 85 85 15 15 15 15 15 15 15 15 15 15 15 15 15	0.2	
		other hasis. Complete Part VI of Schedule D. 10a 35, 106, 626.			
	Ь	tand, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less: accumulated depreciation	26,287,980.	10c	25,411,629.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities See Part IV, line 11		12	0.
	13	Investments - program-related See Part IV, line 11		13	0.
	14	Intangible assets	N-1	14	0.
	15	Other assets. See Part IV, line 11			2,469,215.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	36,503,061.
	17	Accounts payable and accrued expenses		17	593,380.
	18	Grants payable		18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
တ္ထ	22	Loans and other payables to current and former officers, directors,	Allies of harmon P	·	,
ij		trustees, key employees, highest compensated employees, and		137	
Liabilities		disqualified persons Complete Part II of Schedule L	0.	22	0.
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	55,545,184.
	24	Unsecured notes and loans payable to unrelated third parties		24	0.
	25	Other liabilities (including federal income tax, payables to related third		··-	
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	691,402.		
	26	Total liabilities. Add lines 17 through 25	30,894,931.	26	56,203,283.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	1,957,046.	27	-19,700,222
Ba	28	Temporarily restricted net assets	0.	28	0.
밀	29	Permanently restricted net assets	0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		,	
ध	30	Capital stock or trust principal, or current funds		30	li
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	1,957,046.	33	-19,700,222
	34	Total liabilities and net assets/fund balances	32,851,977.	34	36,503,061.

SOUTHEAST GRAND STREET GUILD HDFC INC.

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Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u> .		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,2	212,	247.
2	Total expenses (must equal Part IX, column (A), line 25)	2				005.
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,0)78,	758.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,9	957 <u>,</u>	046.
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	-	20,5	78,	510.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	-	19,7	700,	222.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		Γ.	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	(plair	ı ın	ŀ	1	
	Schedule O			ĺ	1 .	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	l	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or .			-
	reviewed on a separate basis, consolidated basis, or both:			-1	d	ł
	Separate basis Consolidated basis Both consolidated and separate basis			1		
ь	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 audit				1	٠
	separate basis, consolidated basis, or both			· '.	1	201
	X Separate basis Consolidated basis Both consolidated and separate basis					,
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versi	aht			l
	of the audit, review, or compilation of its financial statements and selection of an independent acci		- 1	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, ex-		,			
	Schedule O	·-·		, l	l	1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın İ			
	the Single Audit Act and OMB Circular A-133?			3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud			3b	х	
				Form	990	(2015)

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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Employer identification number

Inspection

OMB No 1545-0047

20)15

Open to Public

Name of the organization SOUTHEAST GRAND STREET GUILD HDFC INC. 13-2679034 C/O COMERFORD & DOUGHERTY LLP Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization g Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (VI) Amount of (IV) is the organization (described on lines 1-9 isted in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2015

Sche	dule A (Form 990 or 990-EZ) 2015			- 			Page 2
Pa	(Complete only if you checked Part III. If the organization fa	ed the box on	line 5, 7, or 8	of Part I or if the	he organizatio	on failed to qua	(vi) alify under
Sec	tion A. Public Support	<u>-</u>					
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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	FILENCE A CONTRACTOR OF THE	C. Sela madin . 8 a				
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						
Sec	tion B. Total Support	j. Gr / G / 5/2 .		<u> </u>			·
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	(4) = 1 :			(-/		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				; 		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	12-25-17-17-17					
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	or the organizat	tion's first, secon	d, third, fourth,	or fifth tax ye		
Sec	tion C. Computation of Public Sup					,	
14	Public support percentage for 2015 (li					14	
	Public support percentage from 2014						%_
16a	331/3% support test - 2015. If the o	rganization did	not check the	box on line 13,	and line 14 is	331/3 % or mo	e, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatioi	n		▶ □
þ	331/3% support test - 2014. If the c	organization did	not check a b	ox on line 13 o	r 16a, and line	15 is 331/3 %	or more,
	check this box and stop here. The orga	anızatıon qualıfi	es as a publicly	supported orgai	nization		▶ □
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization Part VI how the organization meets torganization	he "facts-and-c	ircumstances" te	est The organiz	zation qualifies	as a publicly s	upported
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization in Part VI how the organization	anization meets	the "facts-and	l-cırcumstances"	test, check ti	his box and st	op here.

Schedule A (Form 990 or 990-EZ) 2015

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

Part III

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

<u>366</u>	tion A. Public Support		,		, -	, 	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees		!			}	
	received (Do not include any "unusual grants ")		اه	o	0	0	0
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities		1 1				
	furnished in any activity that is related to the						
	• •						
	organization's tax-exempt purpose	2,558,805	3,714,026	5,471,642	7,498,457	8,194,123	27,437,053
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				 -		0
4	Tax revenues levied for the		1		u .	}	
	organization's benefit and either paid						
	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	2 550 005	2 774 006	5 471 642	7 400 457	0.104.122	27.427.053
		2,558,805.	3,714,026	5,471,642	7,498,457	8,194,123	27,437,053
/ a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						0
J	received from other than disqualified			1			
	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						
8	Public support. (Subtract line 7c from		A CONTRACT OF THE				
	line 6)			, , , ,	5 ,]	27,437,053
Sec	tion B. Total Support					*** * **	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	2,558,805	3,714,026	5,471,642	7,498,457		
	Gross income from interest, dividends,	2,556,805	3,714,026	3,471,642	7,458,457	8,194,123	27,437,053
	payments received on securities loans,						
	rents, royalties and income from similar					•	
	sources	6,765	8,376	6,745	5,517	18,124	45,527.
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	6,765	8,376	6,745	5,517	18,124	45,527
11	Net income from unrelated business						-
	activities not included in line 10b,					1	
	whether or not the business is regularly						0
40	carried on						
12	Other income Do not include gain or			,		1	
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,		}	- 1	ľ	ł	
	and 12)	2,565,570	3,722,402	5,478,387	7,503,974	8,212,247	27,482,580
14	First five years. If the Form 990 is f	or the organizat	tion's first, secor	id, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>	· · · · · · · · · · ·			<u></u>	▶
Sec	tion C. Computation of Public Sup	port Percenta	ige				
15	Public support percentage for 2015 (line 8	, column (f) divide	ed by line 13, colum	in (f))		15	99.83 %
16	Public support percentage from 2014 Sche					16	99.85 %
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2015 (liii			3 column (f))		17	.17%
	·	-			,		.15%
18	Investment income percentage from 2014				· · · · · · · · · · ·	18	
19 a	33 1/3 % support tests - 2015. If the org	=				· ·	. (73)
	17 is not more than 331/3%, check th	=	·=	· · ·			
þ	33 1/3 % support tests - 2014. If the orga	inization did not	check a box on li	ne 14 or line 19a	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3%, check	this box and st	op here. The org	anization qualifie	s as a publicly s	supported organiz	ation 🕨 🔃
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this box	k and see instru	ctions ►
JSA 5E122	1 1 000				S	chedule A (Form 95	0 or 990-EZ) 2015
	79646M 1608		V 15-7F		540117		PAGE 15

Part IV Supporting Organizations

(Complete only if you checked a box in 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.)

Sect	ion A. All Supporting Organizations			
			Yes	No
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 class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	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)	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	3a	,	
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	3b		
С	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	3c		
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	4a		
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	4b		
С	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	, L'	1	
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)	_5a_		, s
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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
v	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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.	9a_		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) 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.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	, ,	
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)	10b		

Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) а The organization satisfied the Activities Test Complete line 2 below b The organization is the parent of each of its supported organizations. Complete line 3 below C The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) Yes No Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities 2a Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b Parent of Supported Organizations Answer (a) and (b) below. 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. 3a 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

SOUTHEAST GRAND STREET GUILD HDFC INC.

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust	on Nov 20, 1970 See in:	structions. All
other Type III non-functionally integrated supporting organizations must con	nplete	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	<u> </u>	
4 Add lines 1 through 3	4		<u></u>
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1		
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		<u></u>
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		L
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current 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	300	The state of the s	
factors (explain in detail in Part VI)	113		,
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	<i>(</i>) , , , , , , , , , , , , , , , , , ,	
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	3144	
5 Income tax imposed in prior year	5	Charles Control of the Control	
6 Distributable Amount Subtract line 5 from line 4, unless subject to		好情感 (3)。	
emergency temporary reduction (see instructions)	6	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7 Check here if the current year is the organization's first as a non-functionally	v-inter	rated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Par		Supporting Organiza	dons (continued)	Current Year
	tion D - Distributions			Current rear
_ 1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	smpt purposes or suppor	tea .	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported organ	izations	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic	n the organization is res	oonsive	
	(provide details in Part VI) See instructions	<u></u>		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	T	(12)	(11)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(ili) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	,1, , ,,		
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)	Salestine Mary Land Hard	<u></u>	
3	Excess distributions carryover, if any, to 2015	という。 これを表現の	間のができます。	· · · · · · · · · · · · · · · · · · ·
a	The state of the s	111867年,在李德和政	The state of the s	•
b		国教员,这些人们也是是否的	palsa" Maria " so	, ,
С	CONTROL OF THE PROPERTY OF THE	a postura de la companya de la compa	A TO HATTERS	·
d		最新的 。1970年6月1		· · · · · · · · · · · · · · · · · · ·
е	From 2014	400		
f	Total of lines 3a through e	<u> </u>		
<u>_</u>				
h	Applied to 2015 distributable amount	diffe	, ¹ / ₂	
<u>i</u> _	Carryover from 2010 not applied (see instructions)	医骨头体的 网络南极的		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		(14,0%)	<u> </u>
4	Distributions for 2015 from Section		and the second	
	D, line 7 \$	Mention of the designation	Add a manage	, n, ,
a	Applied to underdistributions of prior years	提出版的 工作。		***
b	745.00 10 20 10 0100.00	理性流流和影響		
с	Remainder. Subtract lines 4a and 4b from 4	<u> </u>	5, -9, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount	And the second second		
	greater than zero, see instructions)	4		
6	Remaining underdistributions for 2015 Subtract lines 3h	·-		
	and 4b from line 1 (if amount greater than zero, see			
	instructions)	 		
7	Excess distributions carryover to 2016 Add lines 3j	1	~	I
	and 4c			
8	Breakdown of line 7	<u> </u>		
a	The second secon	ا با و با با	2	
b	不是是一个是一个是一个是一个一个一个一个一个一个一个一个一个一个一个一个一个一个	· 1225年111日 1275年111日	Carlo Carlo	
C			3	<u></u>
d		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1 X T ,	
е	Excess from 2015		· .	

Schedule A (Form 990 or 990-EZ) 2015

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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)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization SOUTHEAST GRAND STREET GUILD HDFC INC. C/O COMERFORD & DOUGHERTY LLP 13-2679034 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.............. 2ď Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \triangleright Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Assets included in Form 990, Part X. . **▶** <u>\$</u>

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

Schedule D (Form 990) 2015

Description Comparation Collections of Art. Historical Treasures, or Other Similar Assets (confinued)	Sche	dule D (Form 990) 2015										Page Z
collection items (check eil that apply) a	Pa	rt Organizations Maintaini	ng Colle	ctions of	Art, His	torical 1	reasure	es, or Ot	her Similar	Asse	ts (contin	ued)
a Public exhibition d Loan or exchange programs b Schoolarly research o Other C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Parl XIII 2 Secrow and Gustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Parl IV, line 9, or reported an amount on Form 990, Parl XI, line 21. 1a is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Parl XI, line 21. 1b if "Yes," explain the arrangement in Parl XIII and complete the following table C Beginning balance 1	3	· · · · · · · · · · · · · · · · ·		sion, and	other reco	ords, chec	k any of	the follow	wing that are	a sigr	nificant use	of its
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part XIII acrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1c Beginning balance C Beginning of year balance C Beginning of year balance C Beginning of year balance C Beginning of year balance C Beginning of year balance C Beginning of year balance C Nat investment earnings, gains, and losses A Board designated or quasi-endowment March 1990, Part X, line 10. C Beginning of year balance C National particular throat balance (line 1g, column (a)) held as a Board designated or quasi-endowment March 1990, Part X, line		collection items (check all that app	ıly)		_	_						
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII 5 During the year, did the organization solicit or receive donations of art, histonical treasures, or other similar assets to be sold to rase funds rather than to be maintained as part of the organization's collection? Yes No Part XIII 2 Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XI, line 21. 1a is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI, line 21. 1b if "Yes," explain the airangement in Part XIII and complete the following table C Beginning balance 1c	а	Public exhibition			d L	Loan	or excha	nge progra	ms			
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to rase funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X/. b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year 1 tc Amount c Busting balance Distributions during the year 1 tc 1 a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 a Beginning of year balance 1 b Contributions. C Not introductions. C Not introductions. C Not introductions. 1 a Administrative expenses g End of year balance O Cher expenditures for facilities and programs. and losses. 4 Grants or scholarships. C Other expenditures for facilities and programs. 3 a Board designated or quasi-endowment	b	Scholarly research			e _	_ Other						
XIII	С	Preservation for future gene	rations									
XIII	4	Provide a description of the organ	nızation's	collections	s and exp	lain how	they furt	her the or	ganization's (exemp	t purpose i	n Part
## Part IV Ecrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an apent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b if "Yes," explain the arrangement in Part XIII and complete the following table of Beginning balance of Additions during the year of 1d to		•										
## Part IV Ecrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an apent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b if "Yes," explain the arrangement in Part XIII and complete the following table of Beginning balance of Additions during the year of 1d to	5	During the year, did the organization	on solicit o	or receive	donations	of art, hist	orical tre	asures, or	other similar			
Part IV Eacrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table of the complete in Part XIII and complete the following table of the complete in Part XIII and complete the following table of the complete in Part XIII and complete the following table of the complete in Part XIII and complete the following table of the complete in Part XIII and complete the following table of the complete in Part XIII and complete in Part X											Yes	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pa				<u>, , , , , , , , , , , , , , , , , , , </u>							
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7. Yes No If "Yes," explain the arrangement in Part XIII and complete the following table Amount Ic		Complete if the organizat			s" on Forr	n 990, Pa	art IV, lıı	ne 9, or re	ported an a	moun	t on Form	
ncluded on Form 990, Part X?						 -						
b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance	1a									г	r	-
d Additions during the year 1d										٠. ا	Yes _	No
c Beginning balance 1c	b	If "Yes," explain the arrangement i	n Part XII	I and com	plete the fo	ollowing tal	ble					
d Additions during the year E Distributions during the year E Distributions during the year E Ending belance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back on No Investment earnings, gains, and losses. 1b Contributions (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back on No Investment earnings, gains, and losses. 1 Administrative expenditures for facilities and programs and programs. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment 3 Board designated or guasi-endowment 4 Describe in Part XIII the intended uses of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related or									Ame	ount		
e Distributions during the year 1e 1 1 1 1 1 1 1 1	C	Beginning balance					L	1c				
f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow of custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance. (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (contributions. c Net investment earnings, gains, and losses. d Grants or scholarships. e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % C Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations. 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 2 Describe in Part XIII the intended uses of the organization's endowment funds No No No No No	d	Additions during the year					[1d				
f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow of custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance. (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (contributions. c Net investment earnings, gains, and losses. d Grants or scholarships. e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % C Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations. 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 2 Describe in Part XIII the intended uses of the organization's endowment funds No No No No No	е	Distributions during the year	<i>.</i>					1e				
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f							1f				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a							r custodial	account liabili	ity?	Yes	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	b	If "Yes," explain the arrangement is	n Part XII	Check h	ere if the e	explanation	has bee	n provided	on Part XIII .		 [
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years bac												
1a Beginning of year balance			ion answ	ered "Yes	s" on Forr	n 990, Pa	art IV, Iır	ne 10.				
b Contributions			(a) Cur	rent year	(b) Pn	or year	(c) Two	years back	(d) Three year	s back	(e) Four year	rs back
b Contributions	4.	Reginning of year belongs									 -	
c Net investment earnings, gains, and losses	_							_				
and losses									 		i	
d Grants or scholarships	С	_ _]					
e Other expenditures for facilities and programs							 					
and programs	d	-							<u> </u>			
g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	е	·										
g End of year balance		. •										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶		·								\longrightarrow		
Board designated or quasi-endowment	g				L		<u> </u>		L			
b Permanent endowment \				rent year		æ (line 1g,	column	(a)) held as	•			
Temporarily restricted endowment ▶	b				_							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations. (ii) related organizations. (iii) rel	С		<u> </u>	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations. (ii) related organizations. (iii) rel		The percentages on lines 2a, 2b, a	ind 2c sho	uid equal	100%							
organization by (i) unrelated organizations	3a	•		•		ation that	are held	and admii	nistered for the	a		
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (other) 1a Land 100,000 100,000 b Buildings 34,102,205 9,041,763 25,060,442 c Leasehold improvements d Equipment 904,421 653,234 251,187 e Other				-							Yes	No
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) 1a Land 100,000 b Buildings 34,102,205 9,041,763 25,060,442 c Leasehold improvements d Equipment 904,421 653,234 251,187 e Other											3a(i)	1
b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		•										1 -
Describe in Part XIII the intended uses of the organization's endowment funds Part VI	h	• • • • • • • • • • • • • • • • • • • •				-						+
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (ot	_	, ,	-		-				• • • • • • •		<u> </u>	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property				Organiza	tion 3 chac	Willett Idi	103					
tal Land (investment) (other) depreciation b Buildings 100,000 100,000 c Leasehold improvements 25,060,442 d Equipment 904,421 653,234 251,187 e Other 0ther 0ther 0ther	ı aı	Complete if the organiza	tion ansv	vered "Ye	s" on For	m 990, P	art IV, li	ne 11a S	ee Form 99	0, Par	t X, line 10).
1a Land 100,000. 100,000. b Buildings 34,102,205. 9,041,763. 25,060,442. c Leasehold improvements 904,421. 653,234. 251,187. e Other 0ther 0ther 0ther 0ther		Description of property								(d	l) Book value	
b Buildings 34,102,205. 9,041,763. 25,060,442. c Leasehold improvements 904,421. 653,234. 251,187. e Other 904,421. 653,234. 251,187.	12	Land		(inves	tment)				eciation		100	
c Leasehold improvements 904,421. 653,234. 251,187. e Other 904,421. 653,234. 251,187.	_	D 13	Г						41 762			
d Equipment 904,421. 653,234. 251,187. e Other						34,1	.02,205	9,0	41,/03.		25,060,	442.
e Other						 	104 151					
		044	ŗ			<u> </u>	04,42	<u> </u>	53,234.		251,	187.
Total, Add lines 1a through 1e (Column (d) must equal Form 990. Part X. column (B), line 10c) ▶ 25,411.629.						<u> </u>						
	Tota	I. Add lines 1a through 1e (Column	(d) must	equal For	n 990, Part	X, columr	n (B), line	10c)	<u></u> ▶		25,411,	629.

Schedule D (Form 990) 2015

Part VII	Complete if the organization answered "Ye	es" on Form 990,	. Part IV. line 11b See Form 990	. Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valual Cost or end-of-year mark	tion
(1) Financi	al derivatives			
	-held equity interests			
(3) Other_				
(<u>A)</u>				
(B)				
<u>(c)</u>				
				
(E)				
(F)				
<u>(G)</u>				
	n (b) must equal Form 990, Part X, col (B) line 12)		والمراج المحالي المحالي المحالي المحالي المحالي المحالي المحالية	
Part VIII		<u></u>	A CONTRACTOR OF THE PROPERTY O	
Pait VIII	Complete if the organization answered "Ye	es" on Form 990.	Part IV. line 11c, See Form 990.	Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua	
	(d) Description of investment	(b) Dook value	Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered "Yes	es" on Form 990,	Part IV, line 11d See Form 990,	Part X, line 15.
	(a) Descrip	tion		(b) Book value
	OW DEPOSIT			242,153.
	ACEMENT RESERVE			2,227,062.
	R RESERVES			
_(4)				
(5)				<u> </u>
(6)				
(7)		- 		
(8)				·. ·
(9)				
	umn (b) must equal Form 990, Part X, col (B) line 1	5)	<u></u>	2,469,215
Part X	Other Liabilities. Complete if the organization answered "Ye line 25	es" on Form 990,	Part IV, line 11e or 11f. See Form	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
	al income taxes	+		
<u></u>	NT SECURITY DEPOSITS	47,3	06.	
	AID REVENUE	17,4	13.	
(4) DEVE	LOPER FEE			
(5)				
(6)				
(7)				
(8)				
(9)		T		
Total. (Colum	ın (b) must equal Form 990, Part X, col. (B) line 25) ▶	64,71	19.	

SOUTHEAST GRAND STREET GUILD HDFC INC.

4540117

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

JSA

Schedule D (Form 990) 2015

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Part XIII Supplemental Information (continued)

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.

2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

EXPLANATION OF OTHER CHANGES IN NET ASSETS (FORM 990, PART XI - LINE 9)
ON DECEMBER 15, 2015, IN ASSOCIATION WITH THE MORTGAGE REFINANCING AND IN
ACCORDANCE WITH A RESOLUTION OF THE BOARD OF DIRECTORS, THE ORGANIZATION
DISTRIBUTED EXCESS FUNDS OF \$20,578,510 TO AN AFFILIATED COMPANY WITH A
501(C)(3) NOT-FOR-PROFIT SOLE MEMBER TO BE USED FOR THE DEVELOPMENT OF

Schedule O (Form 990 or 990-EZ) 2015 SOUTHEAST GRAND STREET GUILD HDFC INC. Employer Identification number Name of the organization 13-2679034 C/O COMERFORD & DOUGHERTY LLP AFFORDABLE HOUSING AND RELATED SERVICES, WHICH WILL NOT BE REPAID TO THE ORGANIZATION, AND WHICH HAS BEEN PROVIDED FOR AS AN OTHER CHANGES IN NET ASSETS OR FUND BALANCES. ATTACHMENT 1 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES COMPENSATION NAME AND ADDRESS MGMT/BOOKEEPING FEES 406,445. WAVECREST MANAGEMENT 87-14 116 STREET RICHMOND HILL, NY 11418 SECURITY 255,747. DEFENDER SECURITY SERVICES, INC. 97-29 64TH ROAD, 2ND FLOOR REGO PARK, NY 11374 PLUMBING AND DRAIN 104,450. ROTO ROOTER 5672 COLLECTION CENTER DRIVE CHICAGO, IL 60693 ATTACHMENT 2 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) RELATED OR TOTAL UNRELATED EXCLUDED DESCRIPTION REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE INTEREST INCOME 18,124. 18,124. 18,124. 18,124. TOTALS ATTACHMENT 3

FORM 990, PART IX - OTHER EXPENSES			
	(A) TOTAL	(B) PROGRAM	(C) (D) MANAGEMENT FUNDRAISING
DESCRIPTION	EXPENSES	SERVICE EXP.	AND GENERAL EXPENSES
BAD DEBTS	17,142.	17,142.	
MISC. TAXES, LICENSE & PERMIT	12,319.	12,319.	
MORTGAGE INSURANCE PREMIUM	410,155.	410,155	

Schedule O (Form 990 or 990-EZ) 2015

ame of the organization SOUTHEAST GRAND STREET O COMERFORD & DOUGHERTY LLP	GUILD HDFC I	NC.	Employer identifica 13-26790	
FORM 990, PART IX - OTHER EXPENSES			ATTACHMENT 3	(CONT'D)
	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	EXPENSES	SERVICE EXP.	AND GENERAL	EXPENSES
EAL ESTATE TAXES	729,561.	729,561.		

2,336,608.

3,505,785.

ATTACHMENT 4

2,336,608.

3,505,785.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

	ENDING
DESCRIPTION	BOOK VALUE
DEFERRED FINANCING COSTS	1,008,193.
PREPAID LEGAL FEE	15,000.
PREPAID MANAGEMENT FEES	2,682.
PREPAID REAL ESTATE TAXES	366,156.
PREPAID MORTGAGE INSURANCE	325,193.
TOTALS-	1,717,224.

- PREPAYMENT PENALTY

TOTALS

13-2679034

SOUTHEAST GRAND STREET GUILD HDFC INC.

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

► Attach to Form 990.

Related Organizations and Unrelated Partnerships

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

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

C/O COMERFORD & DOUGHERTY LLP

2015 Open to Public

OMB No 1545-0047

Inspection Employer identification number

13-2679034

SOUTHEAST GRAND STREET GUILD HDFC INC.

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Partl

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(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. Part II

	والواق الناماة المتعددة بعد حجوانالله والأطانية وتعداله فالماريخ							
(a) Name, address, and EIN of related organization	elated organization	(b) Primary activity	(c) Legal domicle (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled ?
							Yes	S S
(4) 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							
1122 FRANKLIN AVENUE, SUITE 40	GARDEN CITY, NY 11530	REAL ESTATE	ŊŸ	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	501 (C) 3	EXEMPT	N/A		×
(4) GRAND STREET NORTHWEST, INC	47-5484832							
1122 FRANKLIN AVENUE, SUITE 40	GARDEN CITY, NY 11530	REAL ESTATE	NY	501 (C) 3	EXEMPT	N/A		×
(5) NEW YORK INSTITUTE FOR HUMAN DEVELOPMENT	PMENT 13-2572413							
1011 FIRST AVENUE	NEW YORK, NY 10022	REAL ESTATE	NY	501 (C) 3	EXEMPT	N/A		×
(9)								
(7)				-				

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

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Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

(h) (i)
Percentage Section
Ownership controlled entity? Schedule R (Form 990) 2015 Yes No Page 2 (k) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, General or managing partner? Yes No 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 amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total (h) Disproportorate allocatora? ŝ income Yes (g) Share of end-of-year assets (e)
Type of entity
(C cop. S cop. or trust) line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign
country) (b) Pnmary activity (d)
Direct controlling
entity (c) Legal domicile (state or foreign country) (a)Name, address, and EIN of related organization (b) Primary activity (a) Name, address, and EIN of related organization JSA 5E1308 1 000 Part III Part IV 2 **₹** (2) 4 9 8 ල 9 (7) 3 (9) Ξ (5) (1)

V 15-7F

Schedule R (Form 990) 2015	
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	tol organizations body	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	<u> </u>	Yes No
Boreint of (1) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity	ימופט טואמוויגמווטווא וואנו		12	×
			=	×
	•		10	×
			\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	×
d Loans of loan guarantees to or for related organization(s)				: :
e Loans or loan guarantees by related organization(s)				×
f Dividends from related organization(s)			14	
			:	×
			; ::::::::::::::::::::::::::::::::::::	; ;
h Purchase of assets from related organization(s)			= :: ::	< :
i Exchange of assets with related organization(s).			=	×
j Lease of facilities, equipment, or other assets to related organization(s)			<u>-</u>	×
			;	>
K Lease of facilities, equipment, or other assets from related organization(s)			¥ ::	د :
I Performance of services or membership or fundraising solicitations for related organization(s)			= :	×
m Performance of services or membership or fundraising solicitations by related organization(s)	•		1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	×
o Sharing of paid employees with related organization(s)			10	×
n Baimhirreamant naid to ralatad organization(s) for avocace			4	×
A Demburcement hard hyrelated organization(s) for expensions			-	×
			· · · · · · · · · · · · · · · · · · ·	
r Other transfer of cash or property to related organization(s)			11	×
			:	×
- 1	perevious parionistrations and an	red relationships and transaction thresholds	action thresholds	+
1	(a)		9	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	rmining Ived
(1) ATTORNEY STREET DEVELOPMENT, INC. (PAYMENT OF				
(2) DEVELOPER FEES FROM FY 2014)	М	605, 126.	% OF COSTS	(0)
(3) THE NEW YORK INSTITUTE FOR HUMAN DEVELOPMENT,				
(4) INC. (REFINANCING PRECLOSING SERVICE FEES)	Σ	110,000.	FMV	
(5) GRAND STREET NORTHWEST INC. (REFINANCING				
(6) CASH-OUT)	В	20,578,510.	EXCESS CASH	SH
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Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

of gloss fevering that was not a related of gainzanon occurs and an action of gains of the contract parameters and occurs of the contract of t	מווילמווסס ווסויאליווסו		S IOI HOISENS BI		Service per mo	٠٠لد٠.				
(a) Name, address, end EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate silocationa?	Code V - UB! amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(*) Percentage ownership
				Yes No			Yes No	$\overline{}$	Yes No	
(1)							-			
(2)										
(3)							_		_	
				-						
(4)		ı								
(5)										
	-								-	
(9)										
				-					-	
(7)										
(8)										
(6)										,
(10)										
		,								
(11)										
(42)									+	
	-1									
(13)										
(14)										
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(15)			<u> </u>							
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Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).