Return of Organization Exempt From Income Tax

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

No

Form 990 (2018)

Do not enter social security numbers on this form as it may be made public 9 ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

2018 and ending JUN 30. 2019 A For the 2018 calendar year, or tax year beginning JUL 1. D Employer identification number C Name of organization Check if SOUTHEAST GRAND STREET GUILD HDFC INC. Address change C/O COMERFORD & DOUGHERTY LLP Name change 13-2679034 Doing business as Initial Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number 248-4817 Final return/ 1122 FRANKLIN AVENUE, SUITE 406 (516) 8,589,919. termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended GARDEN CITY, NY 11530 H(a) Is this a group return Applica-tion pending F Name and address of principal officer KEVIN CRONIN 」Yes X No for subordinates? 1122 FRANKLIN AVENUE, STE 406, GARDEN CITY H(b) Are all subordinates included? Yes Tax exempt status X 501(c)(3) 501(c) ((insert no.) If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ L Year of formation 1970 M State of legal domicile NY K Form of organization. X Corporation Trust Association Other > Rart | Summary TO PROVIDE RENTAL APARTMENTS FOR Briefly describe the organization's mission or most significant activities Governance PERSONS WITH VERY LOW INCOME Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 ∞ಶ 27 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (G); line 12 b Net unrelated business taxable income from Form 990-T, line 38-CFI 0. 7b Prior Year **Current Year** 0. 0. NOV 25 2019 Contributions and grants (Part VIII, line 1h) 8 **B**61 8,397,732 8,492,029. Program service revenue (Part VIII, line 2g) 9 57,795. 97,890. Investment income (Part VIII, column (A), lines 3, 4, a 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 8c, 10c, and 1/1e) N 117 0. 8,455,527. 8,589,919. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ω. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 674.442. 709,601. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **经**一种企业的 b Total fundraising expenses (Part IX, column (D), line 25) 6,326,023. 6,399,508. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) $7,000,\overline{465}$ 7,109<u>,109.</u> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,480,810. 1,455,062. Revenue less expenses Subtract line 18 from line 12 End of Year Beginning of Current Year ъ 33,979,176. 33,287,698. 20 Total assets (Part X, line 16) 52,699,891. 346,739 721 Total liabilities (Part X, line 26) 367,563 19,412,193 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is 🖟, correct, and corpelete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Kun Signature of officer 💫 ign KEVIN CRONIN, PRESIDENT ₹₩еге Type or print name and title Date Print/Type preparer's name P00217291 Paid MARCO SVAGNA sell employed 13-0485070 Firm's name BERDON LLP Firm's EIN Preparer Firm's address > 360 MADISON AVENUE Use Only Phone no 212-832-0400 NEW YORK, NY 10017 X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

orm=	990 (2018) C/O COMERFORD & DOUGHERTY LLP	13-2679034	Page 2
Pa	tilli Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission TO PROVIDE RENTAL APARTMENTS FOR PERSONS WITH VERY LOW I	NCOME	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	☐ Yes [X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported	ers, the total expenses, and	
4a	(Code) (Expenses \$ 6,941,988. including grants of \$) (Revertible CORPORATION OWNS AND OPERATES 200 RENTAL APARTMENTS WITH VERY LOW INCOME		19.
4b	(Code) (Expenses \$ including grants of \$) (Rever	nue \$)
4c	(Code) (Expenses \$ including grants of \$) (Rever	nue \$)
4d	Other program services (Describe in Schedule O)	\	
 4е	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 6 , 941 , 988 .		
		Form 990) (2018)

STIMITER OF CORRES OF CONTROL OF TOCACM 1

SOUTHEAST GRAND STREET GUILD HDFC INC. Form 990 (2018) C/O COMERFORD & DOUGHERTY LLP [Partily Checklist of Required Schedules]

13-2679034

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98 197 It "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		}	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e	X	
f	· · · · · · · · · · · · · · · · · · ·			
	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?			7.5
	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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
	column (A), lines 6 and 11e ⁹ If "Yes," complete Schedule G, Part I	17	-	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
20	complete Schedule G, Part III	20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	domestic government on Fart IX, column (X), the FERENCE COMDITIES SCREAMER AND IT TO THE STANDARD STAN	<u> </u>		

832003 12-31-18

Pai	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		•	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization ariswer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			•
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			•
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	· · · · · · · · · · · · · · · · · · ·			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		:	v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	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	0.7		х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Ĥ
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)	20-		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	280		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	-	30		х
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		Х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32		32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OL		
33	sections 301 7701 2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0,1	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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 related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1a 3		1	
b	Enter the number of Forms W 2G included in line 1a Enter 0 if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

832004 12-31-18

Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, the for the calendar year ending with or within the year covered by this return. 1	Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
the for the calendar year ending with or within the year covered by this return 2a 27				Yes	No
b If a least one a reported on his & 2a, did the organization file all required feederal employment (as returns? Note, if the sum of lines 1 and 2 as greater than 250, you may be required to _eight (seem instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it feel a Form 980°T for this year? If "No" to the 3b, provide an explanation in Schedule O 3a AI any time during the celleriding 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 accountry over, a financial account in a foreign country. Such as a bank account, securities account, or other financial accountry over, a financial account of the financial accountry over, a financial account of the foreign country. Such as a bank account, account a displace of the ending of the foreign output year. See enstructions for fining requirements for FiniCEN Form 114. Report of Foreign Bank and Financial accountry. By Was the organization to regime a semination of the foreign and fining any contributions for the fining requirements for FinicEN Form 114. Report of Foreign Bank and Financial accounts (FBAR). Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions on the second to the foreign accounts of the views of the organization received as charable contributions? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization received a contribution of parts and parts as contribution and parts for provided? b If the organization received a contribution of parts and parts as a contribution of parts and p	2a		4		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to _eule_(see instructions) 3b		filed for the calendar year ending with or within the year covered by this return 27			
3a X b If 1*Yes,** Touch set were a symmetria for the sear? 1*Yes,** Two to part of your day an explanation in Schedule O 4a All 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, securines account, or other fundinosis (account). 5b If 1*Yes,** Indeed the have of the floreign country. 5c If 1*Yes 1* to live 5a or 5b, did the organization floreign for the security of the organization for the organization floreign for the security of the organization floreign for the security of the organization floreign floreig	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If Yes, "has at field a Form 990.T for this year? If 'No' to live 3b, provide an explanation in Schedule O All any time during the callendar 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, securines account, or other financial accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxabile party nority the organization that it was or is a party to a prohibited is as helter transaction? 5c If 'Yes' to live 5a or 5b, did the organization file Form 8886.T? 5b If Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d bit if yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Did the organization receive applied in excess of 3f5 made party as contribution and party for goods and services provided? 8d bit If Yes', did the organization notify the domor of the value of the goods or services provided? 9b If 'Yes', did the organization of the value of the goods or services provided? 10c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11c A You of the organization of the year of year indirectly, to pay premiums on a personal benefit contract? 11c A You of the organization of year and years are years of years are years. 11c A You of the organization of years are years and years are years. 11c A You of the organization of years are years and years are years. 11c A You of the organization of years are years and years are years. 11c A You of the organization of make a distribution of years. 11c A You of the o		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a triancial account) or the foreign country \$\footnote{\sigma}\$ bill if "Yes," enter the manse of the foreign country \$\infty\$. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization flore form \$8861? 5c If "Yes" to line \$\frac{1}{2}\$ or \$\	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
tranacial account in a foreign country (such as a bank account, secunties account, or other financial account)? b f "Yes," eitht the inane of the foreign country See instructions for filing requirements for FindEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b X C if "Yes" to line Sa or Sb, did the organization file form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions? 6a X C Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. 6a X C Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b if "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization receive a payment in excess of \$75 made parity as a contribution of parity for goods and services provided to the payor? 7c X T Obtained the number of Forms 8882 filed during the year 9c Did the organization received an contribution of qualeted intellectual property, did the organization received an contribution of qualeted intellectual property, did the organization received an contribution of qualeted intellectual property, did no organization fer Form 8899 as required? 1 If the organization received a contribution of care, boats, applanes, or other vehicles, did the organization file a Form 1098 C? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 1 Section 501(x)? o	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b_		
b if "Yes," onter the value of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (*BAR) 5a. Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 5b. X b Did any taxabile party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b. X cill "Yes" on the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization state may receive deductible contributions under section 170(c). b if "Yes," did the organization notify the donor off the value of the goods or serveces provided? 7 Organizations that may receive deductible contributions under section 170(c). b if "Yes," did the organization notify the donor off the value of the goods or serveces provided? 7 Did the organization state in mumber of Forms 8282 filed during the year b Did the organization received a contribution of the value of the quality of the property for which it was required? 7 Did the organization received a contribution of qualited intellectual property, did the organization file a Form 1098 C? 7 Till but the organization received a contribution of cars, boats, anylanes, or other vehicles, did the organization file a Form 1098 C? 7 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund file form 1098 C? 8 Sponsoring organization maintaining donor d	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 8 Was the organization a party to a prohibited tax shefer transaction at any time during the tax year? 8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shefer transaction? 8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charatable contributions? 8 If "Yes," old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 9 Organizations that may receive deductible contributions under section 170(c). 9 Organizations that may receive deductible contributions under section 170(c). 10 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 If "Yes," indicate the number of Forms 8282 filed during the year. 11 If "Yes," indicate the number of Forms 8282 filed during the year. 12 If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 13 If the organization received an contribution of qualited intellectual property, and the organization file form 8999 as required? 14 If the organization received an contribution of qualited intellectual property, and the organization file Form 8990 as required? 15 Section 501(c)(17) organization make any taxable distributions under section 4966? 16 Section 501(c)(17) organization make any taxable distributions under section 4968? 17 Section 501(c)(17) organizations Enter a lineation fees and capital contributions included to Part VIII, line 12 for public use of club facilities 16 Gross receipts, included on from 990, Part VIII, line 12 for public use of club facilities 17 Section 501(c)(12) qualified horganization in received to maintain by th		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5.3 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5.4 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5.6 Costs the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions? 5.6 Costs the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions? 5.6 Costs the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charable contributions and partly for goods and services provided to the payor? 7.7 Organization tracewe apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8. If "Yes," indicate the number of Forms 8282 filed during the year or the goods or services provided? 9. If "Yes," indicate the number of Forms 8282 filed during the year or pay promiums on a personal benefit contract? 9. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9. If the organization received a contribution of cars, boats, amplense, or other vehicles, did the organization file Form 8899 as required? 9. Sponsoring organization have excess business holdings at any time during the year? 9. Sponsoring organization have excess business holdings at any time during the year? 9. Sponsoring organization have excess business holdings at any time during the year? 9. Sponsoring organization have excess business holdings at any time during the year? 9. Sponsoring forganization secures of the payor advised funds. 10. Did the sponsoring organization make a distribution to a donor, donor advised, payor and year and year and year and year and year and year an	b	If "Yes," enter the mame of the foreign country			
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c Enter the amount of reserves on hand 13c	b	Enter the amount of reserves the organization is required to maintain by the states in which the	l		
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720 Schedule O		· • • • • • • • • • • • • • • • • • • •	14b_		
If "Yes," see instructions and file Form 4720, Schedule N 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," see instructions and file Form 4720, Schedule N 16 X If "Yes," complete Form 4720 Schedule O	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes " complete Form 4720 Schedule O 16 X		excess parachute payment(s) during the year?	15		X
If "Yes " complete Form 4720 Schedule O		If "Yes," see instructions and file Form 4720, Schedule N			
· · · · · · · · · · · · · · · · · · ·	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
		If "Yes " complete Form 4720 Schedule O			·

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. Form 990 (2018)

832006 12-31-18

13-2679034 Page 6

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	"No" re	espons	e
				X
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			143
<u> </u>	tion A. Governing body and Management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year		163	
ıa	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1		
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	Х	
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 the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	^	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
10	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13 14	X	
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-		
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		-	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	·	•	
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (Section 501(c)(3)s	only) a	vailab	le
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	fınancı	al	
	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 books and records THE WAVECREST MANAGEMENT TEAM - 718-436-1200			
	87-14 116TH STREET RICHMOND HILL, NY 11418			

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (Ď), (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 report able 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 n	or any related	orga	nıza	tion	con	nper	sate	ed any current officer, d	rector, or trustee	<u> </u>
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle: cer an	ss pe	rson i	s boti	n an	compensation	compensation	amount of
	week	-	1	<u> </u>		1	155,	from the	from related organizations	other
	(list any hours for	director				L		organization	(W-2/1099-MISC)	compensation from the
	related	ee or	stee			usale		(W-2/1099 MISC)	(** = *********************************	organization
	organizations	1 trust	nal Ire		oyee	ad				and related
	below	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensaled employee	Former			organizations
	line)	밀	SE.	8	- S	훈등	호			<u> </u>
(1) MR. KEVIN CRONIN	2.00		ĺ	٠,,						0
PRESIDENT	0.00	X		Х	_			0.	0.	0.
(2) MR. ANGEL GARCIA	2.00						ļ			•
DIRECTOR	0.00	Х	_	_	_			0.	0.	0.
(3) MS. DEBORAH PRESTI-ESCHEN	2.00								_	
DIRECTOR	2 00	X	<u> </u>	ļ		-		0.	0.	0.
(4) MR. ANGEL DIAZ	2.00_	,,							0	0
DIRECTOR	2 00	Х				├		0.	0.	0.
(5) MR. JEFF SCHMONES	2.00			7.7						0
SECRETARY / TREASURER	2 00	Х		Х			-	0.	0.	0.
(6) MS. CATHERINE GUERRIERO	2.00	x						0.	0.	0.
(7) MS. LARISSA REYES	2.00	^						0.	0.	<u> </u>
DIRECTOR	2.00	X						0.	0.	0.
(8) MS. ALICIA CARMONA	2.00	^				-		•	0.	·
DIRECTOR	2.00	Х						0.	0.	0.
(9) MSGR KEVIN NELAN	2.00					┢			0.0	
DIRECTOR		х						0.	0.	0.
× 10.								·	•	
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Form 990 (2018)

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SOUT	HEAST	GRAND	STREET	GOTTD	HDFC	INC.
α / α	COMEDI	ם מפסק	חסווכשפו	ודד עיתי)	

Part VII Section A. Officers, Directors, Trust	tees, Key Emp	loye	ees,	anc	Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per week		unles er an					compensation	compensation	amount of
	(list any							from the	from related organizations	other compensation
	hours for	direc				, g		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensali		(W-2/1099-MISC)		organization
	organizations below	al trus	onal tr		loyee	comp				and related
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensaled employee	Former			organizations
		드	트		<u>\$</u>	포칭				
			. 1		ŀ					
					<u> </u>	L				
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			-							
										-
	_									
4 h Culh Andol	l							0.	0.	0.
1b Sub-total c Total from continuation sheets to Part VII	Section A					1		0.	0.	0.
d Total (add lines 1b and 1c)	, occion A							0.	0.	0.
Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•
compensation from the organization						•				0
										Yes No
3 Did the organization list any former officer,	director, or tru	stee	, ke	y en	olqr	yee,	or l	highest compensated en	nployee on	يُلاث إلى:
line 1a? If "Yes," complete Schedule J for st	ıch ındıvıdual									3 X
4 For any individual listed on line 1a, is the su	m of reportable	е со	mpe	nsa	tion	and	oth	er compensation from the	ne organization	
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a	· ·						late	ed organization or individ	lual for services	
rendered to the organization? If "Yes." com	<u>plete Schedule</u>	J fo	or su	ch r	ers	on				5 X
Section B. Independent Contractors							_ 41-		100,000 - 6	
1 Complete this table for your five highest con										ation irom
the organization Report compensation for t	ne calendar ye	are	nain	g w	itin C	or wit		(B)	edi	(C)
(A) Name and business	address							Description of s	ervices	Compensation
DEFENDER SECURITY SERVICE	S. INC.	-	97-	- 2	9		寸	<u> </u>	-	
64TH ROAD, 2ND FLOOR, REG	•					4		SECURITY		376,727.
	<u> </u>						Ī			
	· · · · · · · · · · · · · · · · · · ·						T			_
							_			
										ور دونهم الارسان - به مهد
2 Total number of independent contractors (in \$100,000 of compensation from the organization)		t lim	nted	to t	nos:	e list	ed	above) who received mo	re than	المستخوبيس المات فيست

Page 9

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Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) (C) Unrelated Total revenue Related or exempt function business revenue revenue 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1b b Membership dues c Fundraising events 1d d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 8,492,029.8,492,029. 2 a RENTAL INCOME 531390 Program Service Revenue f All other program service revenue 492,029. Total. Add lines 2a-2f Investment income (including dividends, interest, and 97,890. 97,890. other similar amounts) Income from investment of tax exempt bond proceeds 4 Royalties (II) Personal (ı) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total Add lines 11a 11d 589,919.8,589,919. 0. Total revenue See instructions 12

Form 990 (2018) C/O COMERFORD & DOUGHERTY LLP
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	X (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				5 ·
	and domestic governments. See Part IV, line 21			1. 18.	
2	Grants and other assistance to domestic				* * ·
	individuals See Part IV, line 22) خالاً	3 21
3	Grants and other assistance to foreign			7. 2.	-
	organizations, foreign governments, and foreign				interest
	individuals See Part IV, lines 15 and 16			12 1 5 12 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4	Benefits paid to or for members				<i>Vi</i> . L
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	472,595.	410,771.	61,824.	
7	Other salaries and wages	414,030.	410,//1•	01,044.	
8	Pension plan accruals and contributions (include	38,045.	38,045.		
_	section 401(k) and 403(b) employer contributions)	166,532.	139,769.	26,763.	
9 10	Other employee benefits Payroll taxes	32,429.	28,187.	4,242.	
	Fees for services (non-employees)	32,423.	20,107.	1,212.	
11	Management	424,166.	424,166.		
a b	Legal	76,673.	76,673.		
C	Accounting	50,953.	, , , , , , ,	50,953.	
d	Lobbying	00,000			
e	Professional fundraising services See Part IV, line 17	·		Y	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				-
13	Office expenses	10,502.	· · · · · · · · · · · · · · · · · · ·	10,502.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	- "			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,912,830.	1,912,830.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,048,106.	1,048,106.		
23	Insurance	201,774.	197,007.	4,767.	
24	Other expenses Itemize expenses not covered	_	,		
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0)				3. 4. 4. 2
а	UTILITY EXPENSE	959,942.	959,942.		
b	REAL ESTATE TAXES	747,632.	747,632.		
С	SECURITY CONTRACT	434,906.	434,906.		
d	MORTGAGE INSURANCE PREM	240,103.	240,103.		
е	All other expenses	291,921.	283,851.	8,070.	
5	Total functional expenses Add lines 1 through 24e	7,109,109.	6,941,988.	167,121.	0
6	Joint costs Complete this line only if the organization			ļ	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Form 990 (2018)

Balance Sheet Part X X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1,832,357. 1,314,985. 1 1 Cash - non-interest-bearing 2,840,305. 2 2,872,047. Savings and temporary cash investments Pledges and grants receivable, net 3 379,917. 435,902. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 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 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net Inventories for sale or use 8 715,532. 698,930. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 36,954,091. 10a basis Complete Part VI of Schedule D 12,827,246. 23,582,725. 24,126,845. 10c 10b b Less accumulated depreciation 11 Investments - publicly traded securities 11 1,094,204. 2,032,796. 12 Investments other securities See Part IV, line 11 12 13 Investments program-related See Part IV, line 11 13 14 14 Intangible assets 2,595,544. 2,744,785. 15 15 Other assets See Part IV, line 11 33,979,176. 33,287,698. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 370,920. 584,588. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 53,843,256. 52,946,228. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 24) Complete Part X of -867,437. 25 -830,925**.** Schedule D 53,346,739. 52,699,891. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

X
and complete lines 27 through 29, and lines 33 and 34. Fund Balances -19,367,563. -19,412,193. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets . . Organizations that do not follow SFAS 117 (ASC 958), check here 265 and complete lines 30 through 34 Net Assets or ٤ , 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 -19,367,563. -19,412,193. 33 33 Total net assets or fund balances 33.979.176. 33,287,698. Total liabilities and net assets/fund balances 34

Form	990 (2018) C/O COMERFORD & DOUGHERTY LLP	13-	26790	34	Pag	ge 12
(Pa	Reconciliation of Net Assets		-			
	Check if Schedule O contains a response or note to any line in this Part XI					X
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8	7 1 -19	, 589 , 109 , 480 , 367	9,10),8 7,50	09. 10. 63.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		1.0	410		0.2
ID-7	column (B))	10	-19	, 412	3, I	93.
Rai	Financial Statements and Reporting					X
	Check if Schedule O contains a response or note to any line in this Part XII				Yes	No
1 2a	Accounting method used to prepare the Form 990			2a		X
b	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis	basis,		2b	X	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	dule O	t I	2c	X	
Jd	Act and OMB Circular A-133?	g.5 / tau	`	За	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t	,		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization SOUTHEAST GRAND STREET GUILD HDFC C/O COMERFORD & DOUGHERTY LLP 13-2679034 Part I 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 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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 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) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g J 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 II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (1) Name of supported (ii) EIN in your governing documen (described on lines 1.10) support (see instructions) support (see instructions) organization Yes above (see instructions))

Sch	edule A (Form 990 or 990 EZ) 2018 C	/O COMERFO	ORD & DOUG	GHERTY LLI	P h\(1\(Δ\(iv\) and	13-267	9034 Page 2
	(Complete only if you checked	•		=			
	fails to qualify under the tests			-	ir laned to quality d	noerraitii ii tie	organization
		insted below, plea	se complete Fait i	'' '			
	ction A. Public Support				· · · · ·		
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and		•				/
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						/
	or expended on its behalf						
3	The value of services or facilities	•					
	furnished by a governmental unit to						/
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			in a series of the series of t	lii diname	. /	
	by each person (other than a	· .	And the second			· /	
	governmental unit or publicly	-		5 6 7		/	
	supported organization) included	. ^ :		The transfer and the			
	on line 1 that exceeds 2% of the		ر منور	1 mg	2 T	/ ·	
	amount shown on line 11,	•		1/2	75 77 7	·	
	column (f)			, 4 44 70		· · •	
	Public support. Subtract line 5 from line 4	·	*-			= yeuga n,7u#ga	
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
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		<u>/</u>		-,		· · · · · · · · · · · · · · · · · · ·
12	Gross receipts from related activities,	etc (see instruction	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
_	organization, check this box and stor	here /	<u> </u>				>
Sec	ction C. Computation of Publi	c Support Per	centage				·
14	Public support percentage for 2018 (li	ne 6, ¢olumn (f) div	vided by line 11, co	olumn (f))		14	%
15	Public support percentage from 2017	Schedule A, Part I	I, line 14		į	15	%
16a	33 1/3% support test - 2018 If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				ightharpoons
b	33 1/3% support test - 2017. If the	organization did no	t check a box on h	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2018. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the "fac-						
	meets the "facts and circumstances"	test The organizat	ion qualifies as a p	oublicly supported	organization	-	▶ □
b	10% -facts-and-circumstances test	- 2017 If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	=					
	organization meets the "facts and-circ						▶ □
18	Private foundation. If the organizatio		-				
						dule A (Form 990	or 990-EZ) 2018
	/						·

832022 10-11-

13-2679034 Page 3

Schedule A (Form 990 or 990-EZ) 2018 C/O COMERFORD & DOUGHERTY LLP Partills Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	elow, please comp	nete Fart ii j			 .	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not	1		·			
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-				:		
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose	7498457.	8194123.	8363265.	8397732.	8492029.	40945606.
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total Add lines 1 through 5	7498457.	8194123.	8363265.	8397732.	8492029.	40945606.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5 000 or 1% of the amount on line 13 for the year	İ					0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6)				建筑的	L. Market B.	40945606.
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	7498457.	8194123.	8363265.	8397732.	8492029.	40945606.
10a Gross income from interest,	1					
dividends, payments received on securities loans, rents, royalties,						l <u></u> .
and income from similar sources	5,517.	18,124.	32,048.	57,795.	97,890.	211,374.
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						011 051
c Add lines 10a and 10b	5,517.	18,124.	32,048.	57,795.	97,890.	211,374.
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carned on						
12 Other income Do not include gain	1					
or loss from the sale of capital assets (Explain in Part VI)		0010015	0.00.501.0	0.45.5.0.5	0.500010	41156000
or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11 and 12)	7503974.	8212247.	8395313.	8455527.	-	41156980.
or loss from the sale of capital assets (Explain in Part VI)		·			-	
or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990 is for check this box and stop here	r the organization's	s first, second, thire			-	
or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publi	r the organization's	s first, second, third	d, fourth, or fifth ta		501(c)(3) organiza	ation,
or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2018 (I	r the organization's ic Support Per line 8, column (f), d	centage	d, fourth, or fifth ta		501(c)(3) organiza	99.49 %
or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2018 (I 16 Public support percentage from 2017)	r the organization's ic Support Per ine 8, column (f), d' Schedule A, Part	centage Ivided by line 13, c	d, fourth, or fifth ta		501(c)(3) organiza	ation,
or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2018 (I 16 Public support percentage from 2017 Section D. Computation of Investigation	r the organization's ic Support Per ine 8, column (f), d' Schedule A, Part stment Income	centage Ivided by line 13, of the line 15 Percentage	d, fourth, or fifth ta		501(c)(3) organiza 15	99.49 % 99.68 %
or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2018 (I 16 Public support percentage from 2017 Section D. Computation of Inves 17 Investment income percentage for 20	r the organization's ic Support Per line 8, column (f), d' Schedule A, Part stment Income D18 (line 10c, column)	centage ivided by line 13, cell, line 15 e Percentage inn (f), divided by line	d, fourth, or fifth ta		15 16 17	99.49 % 99.68 %
or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 Public support percentage for 2018 (Investment income percentage for 2018 Investment income percentage from 2017 18 Investment income percentage from 2018	r the organization's ic Support Per line 8, column (f), d' Schedule A, Part stment Income 018 (line 10c, colur 2017 Schedule A,	centage livided by line 13, cell, line 15 Percentage mn (f), divided by line 17	d, fourth, or fifth ta column (f)) ne 13, column (f))	x year as a section	15 16 17 18	99.49 % 99.68 % .51 % .32 %
or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2018 (I 16 Public support percentage from 2017 Section D. Computation of Inves 17 Investment income percentage from 18 Investment income percentage from 19a 33 1/3% support tests 2018 If the	r the organization's ic Support Per line 8, column (f), d' Schedule A, Part stment Income D18 (line 10c, colur 2017 Schedule A, e organization did no	centage livided by line 13, cell, line 15 e Percentage mn (f), divided by line 17 lot check the box cell.	column (f)) ne 13, column (f)) on line 14, and line	x year as a section	15 16 17 18 3 1/3%, and line 1	99.49 % 99.68 % .51 % .32 %
or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 Public support percentage for 2018 (In 16 Public support percentage from 2017 Section D. Computation of Investment income percentage from 18 Investment income percentage from 19a 33 1/3% support tests 2018 If the more than 33 1/3%, check this box are	r the organization's ic Support Per line 8, column (f), do solve A, Part stment Income 2018 (line 10c, column 2017 Schedule A, e organization did not stop here. The	centage livided by line 13, or lill, line 15 Percentage Inn (f), divided by line 17 liot check the box organization qualification.	column (f)) ne 13, column (f)) on line 14, and line ries as a publicly si	x year as a section 15 is more than 33 upported organizat	15 16 17 18 3 1/3%, and line 1 ion	99.49 % 99.68 % .51 % .32 % 7 is not
or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 Public support percentage for 2018 (In 16 Public support percentage from 2017 Section D. Computation of Investigation 17 Investment income percentage from 19a 33 1/3% support tests 2018 If the more than 33 1/3%, check this box are b 33 1/3% support tests 2017 If the	r the organization's ic Support Per line 8, column (f), described A, Part stment Income 1018 (line 10c, column 2017 Schedule A, e organization did not stop here. The eorganization did not stop did not	centage ivided by line 13, of the 15 e Percentage mn (f), divided by line 17 not check the box of organization qualitation check a box on	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si line 14 or line 19a	x year as a section 15 is more than 33 upported organizat , and line 16 is more	15 16 17 18 3 1/3%, and line 1 on than 33 1/3%, a	99.49 % 99.68 % .51 % .32 % 7 is not
or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 Public support percentage for 2018 (In 16 Public support percentage from 2017 Section D. Computation of Investigation 17 Investment income percentage from 18 Investment income percentage from 19a 33 1/3% support tests 2018 If the more than 33 1/3%, check this box are	r the organization's ic Support Per line 8, column (f), d' Schedule A, Part stment Income 018 (line 10c, colum 2017 Schedule A, organization did not stop here. The corganization did not ket his box and st	centage livided by line 13, or lill, line 15 Percentage mn (f), divided by line 17 not check the box or organization qualification check a box on op here. The organization or	olumn (f)) on line 14, and line ries as a publicly suline 14 or line 19a, nization qualifies a	x year as a section 15 is more than 33 upported organizat, and line 16 is more same publicly supported organizates.	15	99.49 % 99.68 % .51 % .32 % 7 is not

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. A	II Sup	porting	Organ	izations
--------------	--------	---------	-------	----------

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 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
- 10a 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
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	-	
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3a		├─┘
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14		
3b_	ļ	
3c		
F7 1		
4a		
•	_	
4b		
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10a		
iua		
10b		

		267903	4 P	age 5
Ра	rt IV Supporting Organizations (continued)		T.,	Ţ <u>.</u>
44	Lies the executation accounted a cuft or contribution from any of the following payment?	Γ	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ļ	ļ	
a	below, the governing body of a supported organization?	110	<u> </u>	
h	A family member of a person described in (a) above?	11a 11b	 	
	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	 	
	etion B. Type I Supporting Organizations	1 110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	[1	1
	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		ł	
	controlled the organization's activities. If the organization had more than one supported organization,			<u>}</u> ,
	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	1		
2	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			İ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
		F	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			İ
	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	<u> </u>		ļ
<u></u>	the supported organization(s)	1	<u> </u>	
Sec	tion D. All Type III Supporting Organizations			
	Bulling and the second of the	<u> </u>	Yes	No
1	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 provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	,		<u> </u>
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			l
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		<u> </u>
-	significant voice in the organization's investment policies and in directing the use of the organization's			1
	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	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons).		
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			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instructions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			ļ
	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,	<u> </u>	•	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	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		
3	Parent of Supported Organizations Answer (a) and (b) below.		ļ	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L .	trustees of each of the supported organizations? <i>Provide details in</i> Part VI	3a		
D	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.	3b		
	or no supporting digitations. It is a describe in a set of the role biaved by the ordanization in this renard	LOUI		

	dule A (Form 990 or 990 EZ) 2018 C/O COMERFORD & DOUGHER			3-2679034 Page 6
Pa	Type in item tanetienany integrated eco(a)(e) capperants			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov 20, 1970 (explain in Pa	art VI) See instructions All
	other Type III non-functionally integrated supporting organizations must cor	nplete S	Sections A through E	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	·	
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8_		
Sect	on 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	,	
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	· · · · · · · · · · · · · · · · · · ·	
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	1.		
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		
Sect	on C - Distributable Amount		er ale al al er e e	Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount Subtract line 5 from line 4, unless subject to			*****
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	ıntegra	ted Type III supporting organ	ization (see
	instructions)	•		•

Schedule A (Form 990 or 990-EZ) 2018

	rt V : Type III Non-Functionally Integrated 509(.3-26/9034 Page 7
		a)(o) Supporting Orga	nizations (continued)	Current Year
	ion D - Distributions Amounts paid to supported organizations to accomplish exer	mot purposes		Current real
<u>1</u> 2	Amounts paid to supported organizations to accomplish exemp			
2	organizations, in excess of income from activity	t purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	-	
4	Amounts paid to acquire exempt-use assets	s or supported organizations	,	
5	Qualified set-aside amounts (prior IRS approval required)	·	· •	
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is responsive	· · · · · · · · · · · · · · · · · · ·	
Ü	(provide details in Part VI) See instructions	ic organization to responsive		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10_	Line o amount divided by line 3 amount	(1)	(11)	(111)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013	_		
b	From 2014	7		,
	From 2015	, ,	-	
d	From 2016			
е	From 2017	A M. T. A.		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		,	
4	Distributions for 2018 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7	-		
а	Excess from 2014		·	
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 C/O	COMERFORD &	DOUGHERTY	LLP	13-2679034 Page 8
Rart VIII	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3d line 1, Part IV, Section D, lines 2 ar Section D, lines 5, 6, and 8, and Pa (See instructions)	Provide the explanation, 4b, 4c, 5a, 6, 9a, 9b, and 3, Part IV, Section E,	ons required by Part 9c, 11a, 11b, and 11 Jines 1c, 2a, 2b, 3a,	II, line 10, Part II, line 17a or Ic, Part IV, Section B, lines 1 and 3b, Part V, line 1, Part V	17b, Part III, line 12, and 2, Part IV, Section C, Section B, line 1e, Part V
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

SOUTHEAST GRAND STREET GUILD HDFC INC.

C/O COMERFORD & DOUGHERTY LLP

OMB No 1545-0047

Employer identification number 13-2679034

Pa	Organizations Maintaining Donor Advised F		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	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advis		sed only
-	for charitable purposes and not for the benefit of the donor or do		
	impermissible private benefit?		Yes No
Pа	rtill Conservation Easements. Complete if the organi	zation answered "Yes" on Form 990, P	art IV, line 7
1	Purpose(s) of conservation easements held by the organization (or		
	Preservation of land for public use (e.g., recreation or educ		rically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form o	f a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structu	re included in (a)	2c
d	Number of conservation easements included in (c) acquired after	7/25/06, and not on a historic structur	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation easeme	ent is located -	
5	Does the organization have a written policy regarding the periodic	c monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it hole		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, han-	dling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservati	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170(h	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation e		
	include, if applicable, the text of the footnote to the organization's	s financial statements that describes th	ne organization's accounting for
Da	rt III Organizations Maintaining Collections of Ar	t Historical Treasures or Oth	per Similar Assets
Fai	Complete if the organization answered "Yes" on Form 990		ici Olifiliai Assets.
4 -	If the organization elected, as permitted under SFAS 116 (ASC 9)		ant and belongs shoot works of art
та	, ,	**	
	historical treasures, or other similar assets held for public exhibiti		ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes		and belonge sheet warks of art biotorical
b	• •		
	treasures, or other similar assets held for public exhibition, education and the second state of the second	tion, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items		▶ •
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	on or other similar posses for financial	
2	If the organization received or held works of art, historical treasure		gain, provide
_	the following amounts required to be reported under SFAS 116 (A	130 330) relating to these items	•
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		\$

SOUTHEAST GRAND STREET GUILD HDFC INC. C/O COMERFORD & DOUGHERTY LLP

Sche	dule D (Form 990) 2018 C/O COM	ERFORD & DO	OUGHI	ERTY LI	LP			13-26	79034	Page 2
	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tr <u>e</u>	asures, o	r Other	Similar	Asset	S (continue	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	t are a sigr	nificant u	se of its o	collection ite	ems
	(check all that apply)									
а	Public exhibition	d	· 🔲	Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII	
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	er sımılar a	issets		_	
	to be sold to raise funds rather than to be ma			_					Yes	No_
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered	"Yes" on F	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1 a	Is the organization an agent, trustee, custodi	an or other intermed	ary for o	contributions	s or other as:	sets not in	cluded	_	_	
	on Form 990, Part X?							L.	」Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able						
									Amount	
С	Beginning balance						1c		 	
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	ustodial acco	unt liability	y?	L	_ Yes	∐ No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V . Endowment Funds. Complete								T _	
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance				ļ					
b	Contributions				ļ					
С	Net investment earnings, gains, and losses				 				<u> </u>	
d	Grants or scholarships				ļ					
е	Other expenditures for facilities									
	and programs				ļ .					
f	Administrative expenses				ļ					
g	End of year balance				1				L	
2	Provide the estimated percentage of the curr	ent year end balance		g, column (a))) held as					
а	Board designated or quasi endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c short									
За	Are there endowment funds not in the posse	ssion of the organiza	ition tha	t are held ar	nd administei	red for the	organiza	ation	<u>.</u>	—
	by									es No
	(i) unrelated organizations								3a(ı)	-+-
	(ii) related organizations								3a(n)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		wment f	unds						
Pai	t VI Land, Buildings, and Equipm			/ l.== 11= C		Dort V Iv	no 10			
	Complete if the organization answered					Γ'		_ 1	(a) Deale	
	Description of property	(a) Cost or o basis (investri			or other (other)		cumulate reciation	ea	(d) Book v	aiue
		Dasis (irrestr	nem)		0,000.	depi		<i>(</i> * -	100	,000.
1a	Land				5,962.	12 1	20,13		2,235,	
b	Buildings			24,33	J, J U Z •	<u> </u>	<u> </u>		4,433,	, 020.
C	Leasehold improvements			93	6,581.	7	07,11	12	229	469.
d	Equipment		-		1,548.		<u> </u>		1,561,	
	Other		V anh:-						4.126	

Schedule D (Form 990) 2018

DOOTHERDI	GIGHID	DIKELI	COLDD	IIDI C	
C/O COMEDI	ם מפסי	DOUGHER	ו.ז.ז עיתכ	o	

Complete if the organization answered "Yes" of at Description of security or category (including name of security)	(b) Book value		valuation Cost or end	l-of-year market value
Financial derivatives			<u> </u>	
Closely-held equity interests				
0.11				
(A)				<u> </u>
(B)			•	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		ころ 職の かい		
al (Col (b) must equal Form 990, Part X, col. (B) line 12.) ▶ ☐ art VIII Investments - Program Related.		[25] 427 4 7	× -	<u> </u>
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of	valuation Cost or end	I-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			-	
(7)				
(8)				
(9)				
al (Col (b) must equal Form 990, Part X, col (B) line 13.)		1世本 " 4.m. "		
art IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990. Part IV	line 11d. See Form 990.	Part X. line 15	
	Description	, , , , , , , , , , , , , , , , , , , ,	·	(b) Book value
(1) ESCROW DEPOSITS				328,4:
DEDI ACTURITO DECEDITO				2,416,3
				2/220/0
(3)		-	······································	
(4)				<u> </u>
(5)				- .
(6)				
(7)				
(8)				
(9)				2 744 71
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	15.)		<u> </u>	2,744,7
	Farra 000 Dart IV	line 11e er 11f Cee Ferr	m 000 Dort V line 05	
Complete if the organization answered "Yes" of	TOTAL 990, Part IV	(b) Book value	1. 990, Part A, lifle 25	
(a) Description of liability		(b) book value	┨,	_
(1) Federal income taxes	DIE	CO 244		-
(2) TENANT'S RENT DEPOSIT PAYA	RPE	60,244.	4 .	
(3) PREPAID REVENUE		29,355.	4	
(4) DEBT ISSUANCE COSTS		-920,524.	'	
(5)			_ L	-
(6)			⅃ ՝	
(7)			<u> </u> ;	<u>.</u>
(8)				· .
(9)] .	
			7	
al. (Column (b) must equal Form 990, Part X, col. (B) line	25) ▶	-830,925.] · · · · ·	2

13-2679034 Page 4 C/O COMERFORD & DOUGHERTY LLP Schedule D (Form 990) 2018 RartXI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 8,589,919. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 a Net unrealized gains (losses) on investments 2a 2b **b** Donated services and use of facilities 2c c Recoveries of prior year grants 2dd Other (Describe in Part XIII) e Add lines 2a through 2d 2e 8,589,919. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 8.589 919. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 7,109,109. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2a a Donated services and use of facilities 2b **b** Prior year adjustments 2c c Other losses d Other (Describe in Part XIII) 2d2e e Add lines 2a through 2d 7,109,109. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4h b Other (Describe in Part XIII) 4c c Add lines 4a and 4b 109.109. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |Part|XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

24

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Schedule D (Form 990) 2018

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.

Go to www.irs.qov/Form990 for the latest information.

OMB No 1545-0047

2018
Open to Public

ະ.Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

SOUTHEAST GRAND STREET GUILD HDFC INC.

C/O COMERFORD & DOUGHERTY LLP

Employer identification number

C/O COMERFORD & DOUGHERTY LLP 13-26/9034
FORM 990, PART VI, SECTION A, LINE 3:
WAVECREST MANAGEMENT TEAM LTD. ("MANAGEMENT COMPANY") PLANS AND EXECUTES
THE BUDGET OF SOUTHEAST GRAND STREET GUILD HDFC INC. AND MONITORS IT'S
FINANCIAL OPERATIONS. THEY ALSO PROVIDE MANAGEMENT REPORTS FOR THE BOARD
REVIEW. NO OFFICERS OR DIRECTORS WERE COMPENSATED BY THE MANAGEMENT COMPANY
OR COMPANIES OR OTHER PERSON(S) FOR SERVICES PROVIDED TO THE FILING
ORGANIZATION OR RELATED ORGANIZATIONS DURING 2018.
FORM 990, PART VI, 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 STATEMENTS. ANY SUGGESTED CHANGES OR COMMENTS AND QUESTIONS ARE
THEN DISCUSSED WITH THE CPA BY A CONFERENCE CALL.
FORM 990, PART VI, 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.
FORM 990, PART VI, 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.

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

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

SCHEDULE R (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete of the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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2018
Open to Public Inspection.

OMB No 1545-0047

SOUTHEAST GRAND STREET GUILD HDFC INC.

Employer identification number 13-2679034

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 C/O COMERFORD & DOUGHERTY LLP Part

Direct controlling End-of-year assets Total income ত্ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

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

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(a)	(q)	(၁)	(p)	(e)	(1)	(6)	10777
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 5 (2)(13)	(c) (c) led
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	N _o
GRAND STREET GUILD EAST HDFC INC, -							
13-2679032, 1122 FRANKLIN AVENUE, SUITE 406,							
GARDEN CITY, NY 11530	REAL ESTATE	NEW YORK	501(C)(3)	EXEMPT	K/X		×
GRAND STREET GUILD HDFC INC, - 13-2679033							
1122 FRANKLIN AVENUE, SUITE 406							
GARDEN CITY, NY 11530	REAL ESTATE	NEW YORK	501(C)(3)	EXEMPT	N/A		×
ATTORNEY STREET DEVELOPMENT, INC							
46-4832959, 1122 FRANKLIN AVENUE, SUITE 406,							
GARDEN CITY, NY 11530	REAL ESTATE	NEW YORK	501(C)(3)	EXEMPT	N/A		×
GRAND STREET NORTHWEST INC 47-5484832							
1122 FRANKLIN AVENUE, SUITE 406							
GARDEN CITY, NY 11530	REAL ESTATE	NEW YORK	501(C)(3)	EXEMPT	N/A		×

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

Schedule R (Form 990) 2018

SOUTHEAST GRAND STREET GUILD HDFC INC. C/O COMERFORD & DOUGHERTY LLP

13-2679034

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(a)	(5)	(b)	(e)	(J)	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)
of related organization	`	foreign country)	section	status (if section	entity	organization?
				001(0)		Yes No
STITUTE FOR HUMAN DEVELOPMENT						
13-2572413, 1011 FIRST AVENUE, NEW YORK, NY	-					
10022	REAL ESTATE	NEW YORK	501(C)(3)	EXEMPT	N/A	×
ASSOCIATION OF NEW YORK CATHOLIC HOMES -						
20-1234069, 1011 FIRST AVENUE, NEW YORK, NY						
10022	REAL ESTATE	NEW YORK	501(C)(3)	EXEMPT	N/A	×
						-
	,					
	<u> </u>					
						
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Schedule R (Form 990) 2018 C/O COMERFORD & DOUGHERTY LLP

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 Part III

Page 2

13-2679034

Schedule R (Form 990) 2018 General or Percentage managing ownership Yes No Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Ξ Percentage ownership Yes No Code V.UBI amount in box 20 of Schedule K 1 (Form 1065) Share of end-of-year assets Disproportionate Yes allocations? Ē Share of total Share of end-of-year assets Type of entity (C corp, S corp, or trust) **(e)** Share of total income Direct controlling entity ਉ (related, unrelated, excluded from tax under sections 512-514) Predominant income (e) Legal domicile (state or foreign country) 0 Direct controlling entity Primary activity (C)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization Name, address, and EIN of related organization (a) 832162 10-02-18 Part IV

Page 3

Yes No

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DOUGHERTY LLP C/O COMERFORD & Schedule R (Form 990) 2018.

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ganization answered "Yes" on Form 990, Part IV, II
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- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- 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)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 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)

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- Naring of facilities, equipment, mailing lists, or other assets with related organization(s)
- b Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
GRAND STREET NORTHWEST INC. (1) (DISTRIBUTION)	R	1,525,440.	1,525,440. DISTRIBUTION OF SURPLUS CASH
(2)			
(3)			
(4)			
(5)			

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13-2679034

Schedule R (Form 990) 2018 C/O COMERFORD & DOUGHERTY LLP

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Code V-UBI General or Percentage amount in box 20 partner? of Schedule K-1 partner? (Form 1065) Yes No							
(J) General or managing partner? Yes No		_					
31 Ge X 20 mg K-1 Pi							_
(ı) ode V-UE int in bo chedule orm 106	:		:				
amou of Sc						-	
(h) Dispropor Lionate allocations?	<u> </u>				_		
				•			
(g) Share of end-of-year assets							
(f) Share of total income			•				
(e) Are all Sol(c)(3) Outs 7 Yes No							
ne pari J, So	-						
(d) Predominant income procession (related, unrelated, excluded from tax under sections 512-514)		,					
(d) dominan slated, un ded from ctions 51							
Pre (re exclu							
(c) Legal domicile (state or foreign country)							
(c) egal domi	:						
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ivity							
(b) Primary activity							
Prim							
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(a) Name, address, and EIN of entity							
(a) address, ar of entity							
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Schedule R (Form 990) 2018