Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



B checkets	A	or the	$\geq$ 2022 calendar year, or tax year beginning $ { m JUL}1,2022$ and endir	<u>ng J</u> UN 30, 2023						
Image of the second s	Β		SONO BROADWAI DISIRICI MANAGEMENI	D Employer identifi	cation number					
Doing Dusiness as       A / - 1044031         Prediction       A / - 1044031         Prediction       South and the set of P.O. box if mail is not delivered to street address)       Form/suite         E Telephone number       212-390-1131         City or town, state or province, country, and ZIP or foreign postal code       Foresrecepts 4       1,004,283.         New YORK, NY 10012       H(a) is this a group return       for subordinates?       Vest X         Pender       SAME AS C ABOVE       H(b) we at subordinates?       Vest X       No         I Taxexempt status:       X 501(c)(3)       501(c)(1)       (insert no.)       4947(a)(1) or       527         I tracescent SOHOBROADWAY ORG       H(b) we at subordinates?       Vest X       No         Pent I       Summary       I briefly desoribe the organization's mission or most significant activities:       TO PROMOTE       THE VITALITY AND         ECONMIC CROWTH OF A BUSTINESS IMPROVEMENT DISTRICT LOCATED IN NYCC.       2 Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3 00         Number of indephote voting members of the governing body (Part V, line 1a)       3       30         A Number of indephote voting members of the governing body (Part V, line 2a)       5       6       29         7 Total unrelated business revence from										
Number and street (0 P.0. box if mails ind delivered to street address)         Prodmisule         Properties           Preventer         594         BROADWAY         1107         212-390-1131           City or town, state or province, country, and ZIP or foreign postal code         If Gross receipts 3         1,004,283.           Network         NEW YORK, NY 10012         If Gross receipts 3         1,004,283.           I make address of principal officer. ERIN PISCOPINK         If SAME AS C ABOVE         If Source address of principal officer. ERIN 9           I taxexempt status:         XJ 501(c)(3)         501(c)(         (insert no.)         4947(a)(1) or Zir           I Briefly describe the organization is mission or most significant activities:         TO PROMOTE THE VITALITY AND           ECONOMIC GROWTH OF A BUSINESS IMPROVEMENT DISTRICT LOCATED IN NYCC.         2           C Area of independent voting members of the governing body (Part VI, line 1a)         4         29           Mumber of independent voting members of the governing body (Part VI, line 1a)         4         29           Value and strate (Part VIII, line 1h)         597,750.         104,228.           S Contributions and grants (Part VIII, line 12)         900,000.000.000.000.000.000.000.000.000.	Lichange Doing business as 47-1044051									
Second Participation       City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10012       I, 004, 283.         Prevention       Famme and address of principal officer: RETIN PTSCOPTINK SAME AS C ABOVE       H(a) Is this a group return for subordinates: ? Yes X No H(b) Are all subordinates included? Yes No H(b) Are all subordinates included? Yes No H(b) Are all subordinates included? Yes No H(c) Are all subordinates included? Yes No H(c) Are all subordinates included? Yes No H(c) Are all subordinates included? Yes No H(c) Are all subo		return								
and Partial Sector for the province, country, and 2/P or foreign postal code       G dream receipts 3       1, VU 4, 283.         MEW YORK, NY 10012       F Name and address of principal officer: ERIN PISCOPINK       Hq is this a group return         for subordinates included?       F Name and address of principal officer: ERIN PISCOPINK       Hq is this a group return         in Tarexempt status:       Si for subordinates included?       Yes       No         j Website:       SOHOBROADWAY.ORG       H(c) Group exemption number       H(c) Group exemption number         Part I       Summary       I Briefly describe the organization's mission or most significant activities:       TO ROMOTE THE VITALITY AND         2 Check this box       If the organization group addition is dependent voting members of the governing body (Part VI, line 1a)       3       30         4 Number of independent voting members of the governing body (Part VI, line 1a)       1       3       30         4 Number of independent voting members of the governing body (Part VI, line 2a)       5       6         5 Total number of independent voting members or the governing body (Part VI, line 2b)       7a       0.         6 Contributions and grants (Part VIII, column (A), lines 3.4, and 7d)       70.       75.         7 To tart number of independent voting members of the governing body (Part VI, line 2b)       90.000.00.00.00.00.00.00.00.00.00.00.00.		_/return								
Image: Provide	_	ated	City or town, state or province, country, and ZIP or foreign postal code							
SAME AS C ABOVE       H(b) Are all subordinates included? Yes       No         1 Tax-exempt status:       X of 10(c)(3)       101(c) (1)       (insert no.)       4947(a)(1) or       5277         Website:       SOHOBROADWAY.ORG       H(c) Group exemption number         K Form of organization:       X Corporation       Trust       Association       0 ther       L Year of formation:       2014 M State of legal domicile: NY         PartI       Summary       Summary       State of legal domicile: NY       Association       0 ther       L Year of formation:       2014 M State of legal domicile: NY         2       Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.       3 <th></th> <td></td> <td></td> <td></td> <td></td>										
I Tax-exempt status: X 501(c)(3)       501(c)(1)       (insert no.)       4947(a)(1) or       527         J Website:       SOHOBROADWAY.ORG       H(c) Group exemption number         K Form of organization: X Corporation       Trust       Association       0ther       L year of formation: 2014 M State of legal demicle: NY         Part I       Summary       I       Diefly describe the organization's mission or most significant activities: TO PROMOTE THE VITALITY AND         2       Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voling members of the governing body (Part VI, line 1a)       4       29         4       Number of independent voting members of the governing body (Part VI, line 2a)       5       6         5       Total number of volunteers (estimate if necessary)       7       7       10         7       Total unrelated business revenue from Part VIII, column (D), line 12       7       7       7         9       Porgram service revenue (Part VIII, line 3), 4 and 7d)       900, 000.       900, 000.       900, 000.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         13       Grant and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.<		tion								
J Website:       SOHOBROADWAY.ORG       H(c) Group exemption number         K Form of organization:       Corporation       Trust       Association       Other       L year of formation:       2014       M State of legal domicile: NY         Part II       Summary       Iter of organization:       Mission or most significant activities:       TO PROMOTE       THE VITALITY AND         ECONOMIC GROWTH OF A BUSINESS IMPROVEMENT DISTRICT LOCATED IN NYC.       2 Check this box       1 If the organization discontinued its operations or disposed of more than 25% of its net assets.       3 Number of voting members of the governing body (Part VI, line 1a)       3 3 030         4       Number of independent voting members of the governing body (Part VI, line 2a)       5       6       29         6       Total number of volunteers (estimate if necessary)       7 a total numeber of volunteers (estimate if necessary)       7a total numeber of volunteers (estimate if necessary)       9       9900,000.       900,000.       900,000.       900,000.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       70.       75.       104,208.       9       9900,000.       900,000.       900,000.       900,000.       900,000.       900,000.       900,000.       900,000.       900,000.       900,000.       900,000.       900,000.       900,000.       900,000.       900,000.										
K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       2014       M State of legal domicile:       NY         Partil       Summary       I Briefly describe the organization's mission or most significant activities:       TO PROMOTE THE VITALITY AND         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       30         4       Number of independent voting members of the governing body (Part VI, line 2a)       5       6         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5       6         6       Total number of volunteers (estimate if necessary)       6       29         7a       Total number of uper venue from Part VIII, column (C), line 12       7a       0.         9       Program service revenue (Part VIII, line 1h)       59,750.       104,208.         9       Program service revenue (Part VIII, line 2g)       900,000.       900.       00.         10       Investment income (Part VIII, column (A), lines 3, 4, and 70)       70.       75.         11       Other revenue (Part VIII, column (A), lines 13)       0.       0.       0				,						
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: TO PROMOTE THE VITALITY AND ECONOMIC GROWTH OF A BUSINESS IMPROVEMENT DISTRICT LOCATED IN NYC.         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       4         4       Number of independent voting members of the governing body (Part VI, line 1b)       4         5       Total number of independent voting members of the governing body (Part VI, line 2a)       5         6       Total number of volunteers (estimate if necessary)       6         7 a Total nurelated business revenue from Form 990-T, Part I, line 11       7b       0.         9       Program service revenue (Part VIII, line 2g)       900,000.       900,000.       900,000.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       70.       75.       10.4, 2083.         11       Other revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5-10)       358, 972.       442, 336.         13       Grants and similar amounts paid (Part IX, column (A), lines 13)       0.       0.<										
Image: Briefly describe the organization's mission or most significant activities: TO PROMOTE THE VITALITY AND         ECONOMIC GROWTH OF A BUSINESS IMPROVEMENT DISTRICT LOCATED IN NYC.         2 Check this box		-	-		<b>N</b> State of legal dofinicite. <b>IN I</b>					
Perform       ECONOMIC GROWTH OF A BUSINESS IMPROVEMENT DISTRICT LOCATED IN NYC.         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       istantian         4       Number of independent voting members of the governing body (Part VI, line 1b)       4         5       5         6       70         7       7         6       7         7       0.         7       0.         7       0.         7       0.         8       Contributions and grants (Part VIII, line 1h)         9       Program service revenue (Part VIII, line 2g)         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12       Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)         13       Grants and similar amounts paid (Part IX, column (A), line 4)         14       Benefits paid to or for members (Part IX, column (A), line 4)         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 25)         14       Benefits paid to or for members (Part IX, column (A),				OTE THE VITALT	TY AND					
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         0.           8         Contributions and grants (Part VIII, line 1h)         59,750.         104,208.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         70.         70.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           11         Other revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         358,972.         442,336.           16a         Professional fundraising fees (Part IX, column (D), line 25)         0.         0.         0.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         5666,2552.         657,647.           19         Revenue less expenses. Subtract line 18 from line 12         34,596.         -95,700.           18         Revenue less expenses. Subtract line 18 from line 12         34,596.         -95,700. </td <th>ЭС</th> <td></td> <td>ECONOMIC GROWTH OF A BUSINESS IMPROVEMENT D</td> <td>ISTRICT LOCATE</td> <td>D IN NYC.</td>	ЭС		ECONOMIC GROWTH OF A BUSINESS IMPROVEMENT D	ISTRICT LOCATE	D IN NYC.					
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         0.           8         Contributions and grants (Part VIII, line 1h)         59,750.         104,208.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         70.         70.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           11         Other revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         358,972.         442,336.           16a         Professional fundraising fees (Part IX, column (D), line 25)         0.         0.         0.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         5666,2552.         657,647.           19         Revenue less expenses. Subtract line 18 from line 12         34,596.         -95,700.           18         Revenue less expenses. Subtract line 18 from line 12         34,596.         -95,700. </td <th>naı</th> <td>I .</td> <td></td> <td></td> <td></td>	naı	I .								
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         0.           8         Contributions and grants (Part VIII, line 1h)         59,750.         104,208.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         70.         70.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           11         Other revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         358,972.         442,336.           16a         Professional fundraising fees (Part IX, column (D), line 25)         0.         0.         0.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         5666,2552.         657,647.           19         Revenue less expenses. Subtract line 18 from line 12         34,596.         -95,700.           18         Revenue less expenses. Subtract line 18 from line 12         34,596.         -95,700. </td <th>Nel</th> <td></td> <td></td> <td></td> <td></td>	Nel									
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         0.           8         Contributions and grants (Part VIII, line 1h)         59,750.         104,208.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         70.         70.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           11         Other revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         358,972.         442,336.           16a         Professional fundraising fees (Part IX, column (D), line 25)         0.         0.         0.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         5666,2552.         657,647.           19         Revenue less expenses. Subtract line 18 from line 12         34,596.         -95,700.           18         Revenue less expenses. Subtract line 18 from line 12         34,596.         -95,700. </td <th>ğ</th> <td></td> <td></td> <td></td> <td>29</td>	ğ				29					
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         0.           8         Contributions and grants (Part VIII, line 1h)         59,750.         104,208.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         70.         70.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           11         Other revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         358,972.         442,336.           16a         Professional fundraising fees (Part IX, column (D), line 25)         0.         0.         0.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         5666,2552.         657,647.           19         Revenue less expenses. Subtract line 18 from line 12         34,596.         -95,700.           18         Revenue less expenses. Subtract line 18 from line 12         34,596.         -95,700. </td <th>80</th> <td></td> <td></td> <td></td> <td>6</td>	80				6					
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         0.           8         Contributions and grants (Part VIII, line 1h)         59,750.         104,208.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         70.         70.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           11         Other revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         358,972.         442,336.           16a         Professional fundraising fees (Part IX, column (D), line 25)         0.         0.         0.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         5666,2552.         657,647.           19         Revenue less expenses. Subtract line 18 from line 12         34,596.         -95,700.           18         Revenue less expenses. Subtract line 18 from line 12         34,596.         -95,700. </td <th>lti</th> <td></td> <td></td> <td></td> <td>29</td>	lti				29					
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         0.           8         Contributions and grants (Part VIII, line 1h)         59,750.         104,208.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         70.         70.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           11         Other revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         358,972.         442,336.           16a         Professional fundraising fees (Part IX, column (D), line 25)         0.         0.         0.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         5666,2552.         657,647.           19         Revenue less expenses. Subtract line 18 from line 12         34,596.         -95,700.           18         Revenue less expenses. Subtract line 18 from line 12         34,596.         -95,700. </td <th>cti</th> <td></td> <td></td> <td></td> <td></td>	cti									
Prior Year         Current Year           9         Program service revenue (Part VIII, line 1h)         59,750.         104,208.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         70.         75.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         70.         75.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         959,820.         1,004,283.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         358,972.         442,336.           16a         Professional fundraising fees (Part IX, column (A), line 25)         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         0.           18         Total expenses. Subtract line 18 from line 12         925,224.         1,099,983.           19         Revenue less expenses. Subtract line 18 from line 12         620,408.         723,493.	٩				0.					
9         Program service revenue (Part VIII, line 2g)         900,000.         900,000.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         70.         75.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         959, 820.         1,004,283.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         358, 972.         442, 336.           16a         Professional fundraising fees (Part IX, column (D), line 25)         0.         0.         0.           17         Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e)         566, 252.         657, 647.           18         Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)         925, 224.         1, 099, 983.           19         Revenue less expenses. Subtract line 18 from line 12         34, 596.         -95, 700.           20         Total assets (Part X, line 16)         620, 408.         723,				Prior Year	-					
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       959, 820.       1,004,283.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       358,972.       442,336.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       0.       0.       0.         b       Total expenses (Part IX, column (A), line 25)       0.       0.       0.       0.         17       Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)       566,252.       657,647.       925,224.       1,099,983.         19       Revenue less expenses. Subtract line 18 from line 12       34,596.       -95,700.         19       Revenue less expenses. Subtract line 18 from line 12       620,408.       723,493.         20       Total assets (Part X, line 16)       54,806.       253,591.         21       Total liabilities (Part X, line 26)       54,806.       253,591.         22	ē	8	Contributions and grants (Part VIII, line 1h)							
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       959, 820.       1,004,283.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       358,972.       442,336.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       0.       0.       0.         b       Total expenses (Part IX, column (A), line 25)       0.       0.       0.       0.         17       Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)       566,252.       657,647.       925,224.       1,099,983.         19       Revenue less expenses. Subtract line 18 from line 12       34,596.       -95,700.         19       Revenue less expenses. Subtract line 18 from line 12       620,408.       723,493.         20       Total assets (Part X, line 16)       54,806.       253,591.         21       Total liabilities (Part X, line 26)       54,806.       253,591.         22	enu	9	Program service revenue (Part VIII, line 2g)							
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       959, 820.       1,004,283.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       358,972.       442,336.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       0.       0.       0.         b       Total expenses (Part IX, column (A), line 25)       0.       0.       0.       0.         17       Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)       566,252.       657,647.       925,224.       1,099,983.         19       Revenue less expenses. Subtract line 18 from line 12       34,596.       -95,700.         19       Revenue less expenses. Subtract line 18 from line 12       620,408.       723,493.         20       Total assets (Part X, line 16)       54,806.       253,591.         21       Total liabilities (Part X, line 26)       54,806.       253,591.         22	sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       358, 972.       442, 336.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       0.       0.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       566, 252.       657, 647.       0.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       34, 596.       -95, 700.         19       Revenue less expenses. Subtract line 18 from line 12       34, 596.       -95, 700.         20       Total assets (Part X, line 16)       620, 408.       723, 493.         21       Total liabilities (Part X, line 26)       54, 806.       253, 591.         22       Net assets or fund balances. Subtract line 21 from line 20       565, 602.       469, 902.		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	••	• •					
10       Grantes and online and online part (1 art X, column (4), line 10)         14       Benefits paid to or for members (Part IX, column (A), line 4)         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16a       Professional fundraising fees (Part IX, column (A), line 11e)         b       Total fundraising expenses (Part IX, column (D), line 25)         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         20       Total assets (Part X, line 16)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20										
11       Definite paid to on on members (narrow, column (v), morely)         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16a       Professional fundraising fees (Part IX, column (A), line 11e)         b       Total fundraising expenses (Part IX, column (D), line 25)         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         19       Revenue less expenses. Subtract line 18 from line 12         20       Total assets (Part X, line 16)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20					-					
16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       5666, 252.       657, 647.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       925, 224.       1, 099, 983.         19       Revenue less expenses. Subtract line 18 from line 12       34, 596.       -95, 700.         20       Total assets (Part X, line 16)       620, 408.       723, 493.         21       Total liabilities (Part X, line 26)       54, 806.       253, 591.         22       Net assets or fund balances. Subtract line 21 from line 20       565, 602.       469, 902.					•••					
17       Other expenses (Part IX, columin (A), lines Tra-Hd, TH-24e)       3000, 232.       037, 047.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       925, 224.       1,099,983.         19       Revenue less expenses. Subtract line 18 from line 12       34,596.       -95,700.         10       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       620,408.       723,493.         21       Total liabilities (Part X, line 26)       54,806.       253,591.         22       Net assets or fund balances. Subtract line 21 from line 20       565,602.       469,902.	es									
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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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date						
Here										
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	WILLIAM SKODY	WILLIAM SKODY			P00631754	4				
Preparer	Firm's name SKODY SCOT & CO,	CPAS, PC		Firm's EIN 13-	3597814					
Use Only	Firm's address 520 EIGHTH AVE, S	SUITE 2200								
	NEW YORK, NY 10018 Phone no.212									
May the I	Aay the IRS discuss this return with the preparer shown above? See instructions									
232001 12-	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

Porm BBO (2002)     ASSOCIATION INC     47-1044631     Page 2       Part III     Statement of Program Service Accomplishments     Image 2       Direct if Schedule Contine a response or note to any line in the Part III     Image 2       Bardy describe the agardations mesion:     TO FOSTER A UNIQUE, VIERANT, MIXBD-USE DISTRICT WITH ENHANCED       MAINTERNANCE AND PROFESSIONAL SERVICES FOR ITS MEMBERS, AND STRATEGIC       CAPITAL IMPROVEMENTS:       20 Ddb to cognization undertake any significant program services during the year which were not listed on the proform 800 ros04-22;       10 Ddb to cognization undertake any significant program services during the year which were not listed on the proform 800 ros04-22;       11 May, "describe these advances on Schedule 0.       20 Ddb to cognization case control to any in the net control carbon services;       12 Note:       13 Dob to cognization case control to any internet for each of its three largest program services; and three interposed program services;       21 Dob to cognization case control to any service on Schedule 0.       22 Note:       23 Dob to cognization case control to any service on Schedule 0.       34 Provention of State (1) cognization case completing are set (1) cognization case completinge		SOHO BROADWAY DISTRICT MANAGEMENT		
Creck if Schedule Contains a response or note to any line in the Part III	Form		47-10446	31 Page 2
Bitely describe the aganzations meson: TO FOSTER A UNIQUE, VIERANT, MIXED-USE DISTRICT WITH ENHANCED MAINTERNANCE AND PUBLIC SAFETY. EFFECTIVE ADVOCACY AND ADMINISTRATION, TECHNICAL AND PROFESSIONAL SERVICES FOR ITS MEMBERS, AND STRATEGIC CAPITAL INPROVEMENTS.           2 Ddt be aganzation profession and services during the year which were not lated on the prof Form 500 or 500-C20.         Image: Comparison of the comp	Pa			
TO FOSTER A 'UNIQUE, VIBRANT, MIXED-USE DISTRICT WITH ENHANCED         MAINTENNCE AND PROFESSIONAL SERVICES FOR ITS MEMBERS, AND STRATEGIC         CAPITAL IMPROVEMENTS.         2       Duth cognication undertake any significant program services for TTS MEMBERS, AND STRATEGIC         (CAPITAL IMPROVEMENTS.         2       Duth cognication undertake any significant program services for any services of the organ services and Schedule 0.         3       Def the degratization same conducting or make significant changes in how it conducts, any program services, as measured by expenses.         Sector 50(c)(3) and 50(c)(4) organizations are required to report the sensured of grants and allocations to chem, the total sepnese, and treendue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses.         Sector 50(c)(3) and 50(c)(4) organizations are required to report the sensure of grants and allocations to chem, the total sepnese, and treendue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses.         40       Cost       10(cost = 10)         10(cost = 10)       10(cost = 10)         10(cost = 10)       10(cost = 288, 095.         10(cost = 10)       10(cost = 10)         10(cost = 10)       10(cost = 10)         10(cost = 10)       10(cost = 10)         10(cost = 10)       288, 095.         10(cost = 10)       288, 095.				
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TECHNICAL AND PROFESSIONAL SERVICES FOR ITS MEMBERS, AND STRATEGIC         CAPITAL IMPROVEMENTS.         2       Def the organization undertake any significant program services during the year which ware not listed on the prior form 590 01 390 E27       Ives X in the prior form 590 01 390 E27         11 'Ves, 'describe these news exvices on Schedule 0.       Ives X in the prior form 590 01 390 E27       Ives X in the prior form 590 01 390 E27         11 'Ves, 'describe these news exvices on Schedule 0.       Ives X in the prior form 590 organ services; on make significant througes in how it conducts, any program services; as measured by expenses. Sectors 510(6) and 551(6)(6) and 551(6) (6) (6) (6) (6) (6) (6) (6) (6) (6)				
CAPITAL IMPROVEMENTS.         2       Dot the organization undertake any significant program services during the year which were not listed on the prior form \$900 0790-227.       □ Ves [\$] No         If Yes, "describe these new services on Schedule 0.       □ Yes, "describe these changes on Schedule 0.       □ Yes [\$] No         If Yes, "describe these changes on Schedule 0.       □ Yes, "describe these changes on Schedule 0.       □ Yes," describe these changes on Schedule 0.       □ Yes," describe these changes on Schedule 0.         10       Describe the organization space accomplishments for each of its three largest program services, as measured by expenses.         Section 501(c)(3) and 501(c)(4) organizations are required to report the ancunt of grants and allocations to others, the total expenses, and mereune, if my, for each program service appended.         40       (cose				
2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 590 or 390 E27       □ Ves 区 No         11       Yes: Closerice these new services on Schedule 0.       □ Ves 区 No         2       Did the organization cases conducting, or make significant changes in how it conducts, any program services?       □ Ves 区 No         4       Beschie the organization's program service accompliahments for each of its three largest program services, as measured by expenses. Sectors 01(68) and 501(610) organizations are required to report the amount of grants and alcocations to there, the total by expenses. The required to report the amount of grants and alcocations to there, the total services. and revenue, if any, for each program service required to report the amount of grants and alcocations to there, the total service         4       (Code: ) Bescenses 10 477, 006 for multiling grants of the service accompliahments of a service accompliahment service accompliahment service accompliahment service and alcocations of the service       15,000.         5       SANITATION - MAINTAINING CLEAN STREETS/CURBS AND GARBAGE REMOVAL.       15,000.         4       (Code: ) Bescenses 10 000 NM COMMUNITY AND INFORMING COMMUNITY MEMBERS OF THE LATEST ORGANIZATION AND COMMUNITY ACTIVITIES.         4       (Code: ) Bescenses 10 000 NM COMMUNITY AND INFORMING COMMUNITY MEMBERS OF DUBLIC SAPETY Not DUBLESTING USES OF PUBLIC SPACES ALONG SOLO'S BROADWAY         9       PUBLIC SAPETY N ADD SEESTING USES OF PUBLIC SPACES ALONG SOLO'S BROADWAY.         1       THE CITY OF NEW Y			AND STRATEG.	10
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if "Vis", describe these new services on Schedule 0.         3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Secton 501(6) and 501(e) cognitizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.         4 (cose:       ) (converst:       288,095.         4 (cose:       90,001.       neutring point of \$         4 (cose:       90,001.       neutring point of \$         4 (cose:       90,001.	2			
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PUBLIC SAFETY - ADDRESSING USES OF PUBLIC SPACES ALONG SOHO'S BROADWAY         WITH A FOCUS ON USES THAT CREATE SIDEWALK CONGESTION AND WORKING WITH         THE CITY OF NEW YORK TO ALLOCATE RESOURCES TO IMPROVE PUBLIC SAFETY AND         SIDEWALK CONGESTION ISSUES ALONG BROADWAY.				
PUBLIC SAFETY - ADDRESSING USES OF PUBLIC SPACES ALONG SOHO'S BROADWAY         WITH A FOCUS ON USES THAT CREATE SIDEWALK CONGESTION AND WORKING WITH         THE CITY OF NEW YORK TO ALLOCATE RESOURCES TO IMPROVE PUBLIC SAFETY AND         SIDEWALK CONGESTION ISSUES ALONG BROADWAY.				
PUBLIC SAFETY - ADDRESSING USES OF PUBLIC SPACES ALONG SOHO'S BROADWAY         WITH A FOCUS ON USES THAT CREATE SIDEWALK CONGESTION AND WORKING WITH         THE CITY OF NEW YORK TO ALLOCATE RESOURCES TO IMPROVE PUBLIC SAFETY AND         SIDEWALK CONGESTION ISSUES ALONG BROADWAY.				
PUBLIC SAFETY - ADDRESSING USES OF PUBLIC SPACES ALONG SOHO'S BROADWAY         WITH A FOCUS ON USES THAT CREATE SIDEWALK CONGESTION AND WORKING WITH         THE CITY OF NEW YORK TO ALLOCATE RESOURCES TO IMPROVE PUBLIC SAFETY AND         SIDEWALK CONGESTION ISSUES ALONG BROADWAY.				
PUBLIC SAFETY - ADDRESSING USES OF PUBLIC SPACES ALONG SOHO'S BROADWAY         WITH A FOCUS ON USES THAT CREATE SIDEWALK CONGESTION AND WORKING WITH         THE CITY OF NEW YORK TO ALLOCATE RESOURCES TO IMPROVE PUBLIC SAFETY AND         SIDEWALK CONGESTION ISSUES ALONG BROADWAY.				
PUBLIC SAFETY - ADDRESSING USES OF PUBLIC SPACES ALONG SOHO'S BROADWAY         WITH A FOCUS ON USES THAT CREATE SIDEWALK CONGESTION AND WORKING WITH         THE CITY OF NEW YORK TO ALLOCATE RESOURCES TO IMPROVE PUBLIC SAFETY AND         SIDEWALK CONGESTION ISSUES ALONG BROADWAY.				
WITH A FOCUS ON USES THAT CREATE SIDEWALK CONGESTION AND WORKING WITH         THE CITY OF NEW YORK TO ALLOCATE RESOURCES TO IMPROVE PUBLIC SAFETY AND         SIDEWALK CONGESTION ISSUES ALONG BROADWAY.         40         Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses         855,102.	4c			
THE CITY OF NEW YORK TO ALLOCATE RESOURCES TO IMPROVE PUBLIC SAFETY AND SIDEWALK CONGESTION ISSUES ALONG BROADWAY.         4       Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         4       Total program service expenses         855,102.       Form 990 (2022				
SIDEWALK CONGESTION ISSUES ALONG BROADWAY.				
4d       Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       855,102.         Form 990 (2022			PUBLIC SAF	ETY AND
(Expenses \$ including grants of \$ ) (Revenue \$ )       4e     Total program service expenses     855,102.       Form 990 (2022		SIDEWALK CONGESTION ISSUES ALONG BROADWAY.		
(Expenses \$ including grants of \$ ) (Revenue \$ )       4e     Total program service expenses     855,102.       Form 990 (2022				
(Expenses \$ including grants of \$ ) (Revenue \$ )       4e     Total program service expenses     855,102.       Form 990 (2022				
(Expenses \$ including grants of \$ ) (Revenue \$ )       4e     Total program service expenses     855,102.       Form 990 (2022				
(Expenses \$ including grants of \$ ) (Revenue \$ )       4e     Total program service expenses     855,102.       Form 990 (2022				
(Expenses \$ including grants of \$ ) (Revenue \$ )       4e     Total program service expenses     855,102.       Form 990 (2022				
(Expenses \$ including grants of \$ ) (Revenue \$ )       4e     Total program service expenses     855,102.       Form 990 (2022				
(Expenses \$ including grants of \$ ) (Revenue \$ )       4e     Total program service expenses     855,102.       Form 990 (2022				
(Expenses \$ including grants of \$ ) (Revenue \$ )       4e     Total program service expenses     855,102.       Form 990 (2022				
4e         Total program service expenses         855,102.           232002         12-13-22         Form 990 (2022)	4d	Other program services (Describe on Schedule O.)		
Form <b>990</b> (2022			)	
232002 12-13-22	4e	Total program service expenses 855,102.		
			F	orm <b>990</b> (2022
2	23200			
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ASSOCIATION INC

Form 990 (2022)

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Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u>X</u>	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 23
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	U+I		
15	foreign organization Per Ves, " complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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#### SOHO BROADWAY DISTRICT MANAGEMENT ASSOCIATION INC

			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 answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
-	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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 on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?		X	
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Form 990 (2022)

Part IV Checklist of Required Schedules (continued)

Form 990 (2022) ASSOCIATION INC 47-1044631 Page								
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 6							
	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
	<ul> <li>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</li> <li>a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a</li> </ul>							
Ha	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x				
b	<ul> <li>If "Yes," enter the name of the foreign country</li> </ul>							
	See instructions for filing requirements for FinCEN 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?	5a		х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	00						
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X				
f								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		L				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:         Initiation fees and capital contributions included on Part VIII, line 12         10a							
	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.) 11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b							
	Enter the amount of reserves on hand			v				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x				
	excess parachute payment(s) during the year?	15						
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
10	If "Yes," complete Form 4720, Schedule O.	10						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1				
	If "Yes," complete Form 6069.							
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ASSOCIATION INC

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

Form 990 (2022)

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Х

Page **6** Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

		·	<u></u>	Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a 3	0		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?		2	x	
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision			
	of officers, directors, 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 9	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	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 a more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			
				Yes	No
0a	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 c				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ldots$		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y on Schedule O how this was done		12c	x	
3	Did the organization have a written whistleblower policy?			Х	
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approv	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment 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	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization'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 <u>NY</u>				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501(c)	(3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         Y         Other (explain)	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy,	and fina	ncial	
	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 bo	oks and records			
	THE ORGANIZATION - 212-390-1131				
	594 BROADWAY, 1107, NEW YORK, NY 10012				
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SOHO	BROADWAY	DISTRICT	MANAGEMENT

#### Form 990 (2022) 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

ASSOCIATION INC

X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Name and title         Average hours per liter and attent meeting of the and attent meeting bord per liter and attent meeting bord per liter and attent meeting from attent meeting from attent meeting organization (W-2/1090-MEC)         Estimated compensation from attent organization (W-2/1090-MEC)         Estimated compensation organization (W-2/1090-MEC)         Estimated compensation organization (W-2/1090-MEC)           (1) JAMES CAVELLO         1.00         X         X         0.         0.           (2) BILM STEINWORTZEL         1.00         X         X         0.         0.           (2) BILM STEINWORTZEL         1.00         X         X         0.         0.         0.           (3) MICHELLE CHOI         1.00         X         X         0.         0.         0.         0.           (4) SERACH PERLID         1.00         X         X         0.         0.         0.         0.           (3) MICHELLE CHOI         1.00         X         X         0.         0.         0.         0.           (4) SERACH PERLID         1.00         X         X         0.         0.         0.         0.           (7) ANDENS HOLET         1.00         X         X         0.         0.         0.         0.           (9) ANDEN HARCUS         1.00         X	(A)	(B)	Ľ		(0	C)	•		(D)	(E)	(F)
House per veck week (list any nour stor)         Does week period is both any method         compensation from related organizations         compensation rom elated organizations         amount of other compensation from the organizations         amount of other compensation         amount of other compensation           (1) JAMES CAVELLO         1.00         X         X         0.         0.         0.           (2) BRIAN STEINWORTZEL         1.00         X         X         X         0.         0.         0.           (3) MICHELLE CHOI         1.00         X         X         X         0.         0.         0.           (4) SHARON EMILIO         1.000         X         X         X         0.         0.         0.           (5) ARTP SHAH         1.000         X         X         X         0.         0.         0.           (6) RICHARD EENSON         1.000         X         X         0.         0.         0.         0.           DIRECTOR & TREASUBER (FORMER)         1.000         X         X         0.         0.         0.         0.           (1) CARRADER HARCUS         1.000         X         X         0.         0.         0.         0.           DIRECTOR         TREASUBER (FORMER)         X			Position								
Week (ist ary organizations below line)         Image and and related organizations below line)         Image and and related organizations organizations           (1) JAMES CAVELLO         1.000         X         X         0.         0.         0.           (2) BRIAN STEINWOTZEL         1.000         X         X         0.         0.         0.         0.           (3) MICHELLE CHOI         1.000         X         X         0.         0.         0.         0.           (4) SHARON ERMLID         1.000         X         X         0.         0.         0.         0.           (6) ANDER MARCUS         1.000         X         0.         0.         0.         0.         0.           (10) CONOR ALLERTON         1.000         X         0.         0.         0.         0.           (11) CHERUS ROLST		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
(1) JAMES CAVELLO         1.00         X         X         X         0.         0.         0.           PRESIDENT         1.00         X         X         X         0.         0.         0.         0.           (2) BELAN STEINWURTZEL         1.00         X         X         X         0.         0.         0.         0.           (3) MICHELLE CHOI         1.00         X         X         0.         0.         0.         0.           (4) SHARON ERMILIO         1.00         X         X         0.         0.         0.         0.           (5) ARIF SHAH         1.00         X         X         0.         0.         0.         0.           (6) RICHARD BENENSON         1.00         X         X         0.         0.         0.         0.           (7) ANDERS HOLST         1.00         X         X         0.         <				cer an	nd a d I	irecto	or/trus	tee)			
(1) JAMES CAVELLO         1.00         X         X         X         0.         0.         0.           PRESIDENT         1.00         X         X         X         0.         0.         0.         0.           (2) BELAN STEINWURTZEL         1.00         X         X         X         0.         0.         0.         0.           (3) MICHELLE CHOI         1.00         X         X         0.         0.         0.         0.           (4) SHARON ERMILIO         1.00         X         X         0.         0.         0.         0.           (5) ARIF SHAH         1.00         X         X         0.         0.         0.         0.           (6) RICHARD BENENSON         1.00         X         X         0.         0.         0.         0.           (7) ANDERS HOLST         1.00         X         X         0.         <			rector							<b>U</b>	•
(1) JAMES CAVELLO         1.00         X         X         X         0.         0.         0.           PRESIDENT         1.00         X         X         X         0.         0.         0.         0.           (2) BELAN STEINWURTZEL         1.00         X         X         X         0.         0.         0.         0.           (3) MICHELLE CHOI         1.00         X         X         0.         0.         0.         0.           (4) SHARON ERMILIO         1.00         X         X         0.         0.         0.         0.           (5) ARIF SHAH         1.00         X         X         0.         0.         0.         0.           (7) ANDERS HOLST         1.00         X         X         0.         0.         0.         0.           (8) ANDERW CHANG         1.00         X         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.         0.           (10) CONG ALLERTON         1.00         X         0.         0.         0.         0.         0.         0.         0. <td< td=""><td></td><td></td><td>or di</td><td>ee</td><td></td><td></td><td>ated</td><td></td><td></td><td>•</td><td></td></td<>			or di	ee			ated			•	
(1) JAMES CAVELLO         1.00         X         X         X         0.         0.         0.           PRESIDENT         1.00         X         X         X         0.         0.         0.         0.           (2) BELAN STEINWURTZEL         1.00         X         X         X         0.         0.         0.         0.           (3) MICHELLE CHOI         1.00         X         X         0.         0.         0.         0.           (4) SHARON ERMILIO         1.00         X         X         0.         0.         0.         0.           (5) ARIF SHAH         1.00         X         X         0.         0.         0.         0.           (7) ANDERS HOLST         1.00         X         X         0.         0.         0.         0.           (8) ANDERW CHANG         1.00         X         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.         0.           (10) CONG ALLERTON         1.00         X         0.         0.         0.         0.         0.         0.         0. <td< td=""><td></td><td></td><td>ustee</td><td>trust</td><td></td><td>ee</td><td>upens</td><td></td><td></td><td>1099-NEC)</td><td>-</td></td<>			ustee	trust		ee	upens			1099-NEC)	-
(1) JAMES CAVELLO         1.00         X         X         X         0.         0.         0.           PRESIDENT         1.00         X         X         X         0.         0.         0.         0.           (2) BELAN STEINWURTZEL         1.00         X         X         X         0.         0.         0.         0.           (3) MICHELLE CHOI         1.00         X         X         0.         0.         0.         0.           (4) SHARON ERMILIO         1.00         X         X         0.         0.         0.         0.           (5) ARIF SHAH         1.00         X         X         0.         0.         0.         0.           (7) ANDERS HOLST         1.00         X         X         0.         0.         0.         0.           (8) ANDERW CHANG         1.00         X         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.         0.           (10) CONG ALLERTON         1.00         X         0.         0.         0.         0.         0.         0.         0. <td< td=""><td></td><td></td><td>dual tr</td><td>tional</td><td></td><td>nploy</td><td>st cor</td><td>-</td><td>1033-1120)</td><td></td><td></td></td<>			dual tr	tional		nploy	st cor	-	1033-1120)		
(1) JAMES CAVELLO         1.00         X         X         X         0.         0.         0.           PRESIDENT         1.00         X         X         X         0.         0.         0.         0.           (2) BELAN STEINWURTZEL         1.00         X         X         X         0.         0.         0.         0.           (3) MICHELLE CHOI         1.00         X         X         0.         0.         0.         0.           (4) SHARON ERMILIO         1.00         X         X         0.         0.         0.         0.           (5) ARIF SHAH         1.00         X         X         0.         0.         0.         0.           (7) ANDERS HOLST         1.00         X         X         0.         0.         0.         0.           (8) ANDERW CHANG         1.00         X         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.         0.           (10) CONG ALLERTON         1.00         X         0.         0.         0.         0.         0.         0.         0. <td< td=""><td></td><td></td><td>ndivid</td><td>nstitu</td><td>Office</td><td>(ey er</td><td>Highe</td><td>orme</td><td></td><td></td><td></td></td<>			ndivid	nstitu	Office	(ey er	Highe	orme			
(2) BRIAN STEINWURTZEL       1.00       x       x       x       0.       0.       0.         PRESIDENT (FORMER)       1.00       x       x       x       0.       0.       0.         VICE PRESIDENT       1.00       x       x       x       0.       0.       0.         (1) MICHLE CHOI       1.00       x       x       x       0.       0.       0.         (2) BRIAN STEINWER)       1.00       x       x       0.       0.       0.       0.         (3) MICHENELE CHOI       1.00       x       x       0.       0.       0.       0.         (5) ARIF SHAH       1.00       x       x       0.       0.       0.       0.         (6) RICHARD BENENSON       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.         (9) ANDREW CHANG       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(1) JAMES CAVELLO	1.00	_	_		-		-			
PRESIDENT (FORMER)         X         X         X         0.         0.         0.           (3) MICHELLE CHOI         1.00         X         X         0.         0.         0.           VICE PRESIDENT         X         X         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           (5) ARIF SHAH         1.000         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           OIRECTOR         4 TREASURER (FORMER)         1.000         X         0. <td< td=""><td>PRESIDENT</td><td></td><td>x</td><td></td><td>X</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>	PRESIDENT		x		X				0.	0.	0.
(3) MICHELLE CHOI         1.00         X         X         X         0.         0.         0.           VICE PRESIDENT         X         X         X         0.         0.         0.         0.           (4) SHARON ERMILIO         1.00         X         X         0.         0.         0.         0.           (5) ARIF SHAH         1.00         X         X         0.         0.         0.         0.           TEBASURER         X         X         0.         0.         0.         0.         0.           OIRCETOR 4 TREASURER (FORMER)         1.00         X         0.         0.         0.         0.         0.           OIRCETOR         1.00         X         0. <td< td=""><td>(2) BRIAN STEINWURTZEL</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(2) BRIAN STEINWURTZEL	1.00									
VICE PRESIDENT         X         X         X         X         0.         0.         0.           (4) SHARON ERNILIO         1.00         X         X         X         0.         0.         0.           SECRETARY         X         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.           (6) RICHARD BENENSON         1.000         X         0.         0.         0.         0.           DIRECTOR         TEASURER         0.         0.         0.         0.         0.         0.           (7) ANDERS HOLST         1.000         X         0. <td>PRESIDENT (FORMER)</td> <td></td> <td>X</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	PRESIDENT (FORMER)		X		X				0.	0.	0.
(4) SHARON ERMILIO         1.00         X         X         0.         0.         0.           (5) ARIF SHAH         1.00         X         X         0.         0.         0.         0.           (5) ARIF SHAH         1.00         X         X         0.         0.         0.         0.           (6) RICHARD BENENSON         1.00         X         0.         0.         0.         0.           (7) ANDERS HOLST         1.00         X         0.         0.         0.         0.           (8) ANDREW CHANG         1.00         X         0.         0.         0.         0.           (9) ANDREW MARCUS         1.00         X         0.         0.         0.         0.           01RECTOR         X         0.         0.         0.         0.         0.         0.           (10) CONGR ALLERTON         1.00         X         0.         0.         0.         0.         0.         0.           (11) CHERYL KLAUSS         1.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(3) MICHELLE CHOI	1.00									
SECRETARY         X         X         X         X         0.         0.         0.           (5) ARTF SHAH         1.00         X         X         X         0.         0.         0.           TREASURER         X         X         X         0.         0.         0.         0.           DIRECTOR         1.00         X         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           OLRECTOR         X         0.<	VICE PRESIDENT		X		Х				0.	0.	0.
(5) ARIF SHAH       1.00       X       X       X       0.       0.       0.         (6) RICHARD BENSON       1.00       X       X       0.       0.       0.       0.         (7) ANDERS HOLST       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       TREASURER (FORMER)       X       0.       0.       0.       0.       0.         DIRECTOR       TRON       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.	(4) SHARON ERMILIO	1.00									
TREASURER         X         X         X         X         0.         0.         0.           (6) RICHARD BENENSON         1.00         X         0.         0.         0.         0.         0.           DIRECTOR & TREASURER (FORMER)         1.00         X         0.         0.         0.         0.           (7) ANDERS HOLST         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8) ANDREW MARCUS         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.	SECRETARY		Х		Х				0.	0.	0.
(6)         RICHARD BENENSON         1.00         X         0.         0.         0.           DIRECTOR & TREASURER (FORMER)         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0. </td <td>(5) ARIF SHAH</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(5) ARIF SHAH	1.00									
DIRECTOR & TREASURER (FORMER)         X         0.         0.         0.         0.           (7) ANDERS HOLST         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8) ANDREW CHANG         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           01RECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.	TREASURER		Х		Х				0.	0.	0.
(7) ANDERS HOLST       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (8) ANDREW CHANG       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.	(6) RICHARD BENENSON	1.00							_		_
DIRECTOR         X         0.         0.         0.           (8) ANDREW CHANG         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (9) ANDREW MARCUS         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (10) CONOR ALLERTON         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (11) CONOR ALLERTON         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (11) CHERYL KLAUSS         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (12) EMILY HELLSTROM         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (14) GASTON SILVA<	DIRECTOR & TREASURER (FORMER)		Х						0.	0.	0.
(8) ANDREW CHANG         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0. </td <td>(7) ANDERS HOLST</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(7) ANDERS HOLST	1.00									
DIRECTORX0.0.0.(9) ANDREW MARCUS1.00X0.0.0.DIRECTORX0.0.0.0.(10) CONOR ALLERTON1.00X0.0.0.DIRECTORX0.0.0.0.(11) CHERYL KLAUSS1.00X0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTOR & VICE PRES. (FORMER)X0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.(14) GASTON SILVA1.00X0.0.0.DIRECTORX0.0.0.0.(16) JASON VACKER1.00X0.0.0.DIRECTORX0.0.0.0.(17) JARED EPSTEIN1.00X0.0.0.DIRECTOR (FORMER)X0.0.0.0.			X						0.	0.	0.
(9) ANDREW MARCUS       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (10) CONOR ALLERTON       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (11) CHERYL KLAUSS       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (12) EMILY HELSTROM       1.00       X       0.       0.       0.       0.       0.         DIRECTOR & VICE PRES. (FORMER)       1.00       X       0.       0.       0.       0.         (13) EVELIN COLLADO       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (14) GASTON SILVA       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (16) JASON VACKER		1.00									
DIRECTOR         X         0.         0.         0.         0.           (10) CONOR ALLERTON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (11) CHERYL KLAUSS         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (12) EMILY HELLSTROM         1.00         X         0.         0.         0.         0.           DIRECTOR & VICE PRES. (FORMER)         X         0.         0.         0.         0.         0.           (13) EVELIN COLLADO         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (14) GASTON SILVA         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (15) GREG KRAUT         1.00         X			х						0.	0.	0.
(10) CONOR ALLERTON         1.00         X         0.0.0.0.           DIRECTOR         X         0.0.0.0.         0.0.0.           (11) CHERYL KLAUSS         1.00         X         0.0.0.0.           DIRECTOR         X         0.0.0.0.         0.0.0.           (12) EMILY HELLSTROM         1.00         0.0.0.0.         0.0.0.           DIRECTOR & VICE PRES. (FORMER)         X         0.0.0.0.         0.0.0.           (13) EVELIN COLLADO         1.00         0.0.0.0.         0.0.0.           DIRECTOR         X         0.0.0.0.         0.0.0.           (14) GASTON SILVA         1.00         0.0.0.0.         0.0.0.           DIRECTOR         X         0.0.0.0.0.         0.0.0.           (15) GREG KRAUT         1.00         0.0.0.0.         0.0.0.           DIRECTOR         X         0.0.0.0.         0.0.0.           (16) JASON VACKER         1.00         0.0.0.0.         0.0.0.           DIRECTOR         X         0.0.0.0.         0.0.0.           (17) JARED EPSTEIN         1.00         0.0.0.0.         0.0.0.		1.00									
DIRECTOR         X         0. <t< td=""><td></td><td>1 0 0</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		1 0 0	X						0.	0.	0.
(11) CHERYL KLAUSS       1.00       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.         (12) EMILY HELLSTROM       1.00       X       0.0.0.0.         DIRECTOR & VICE PRES. (FORMER)       X       0.0.0.0.       0.0.0.         (13) EVELIN COLLADO       1.00       X       0.0.0.0.       0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.       0.0.         (14) GASTON SILVA       1.00       X       0.0.0.0.       0.0.         DIRECTOR       X       0.0.0.0.       0.0.       0.0.         (15) GREG KRAUT       1.00       X       0.0.0.       0.0.         DIRECTOR       X       0.0.0.       0.0.       0.0.         (16) JASON VACKER       1.00       X       0.0.0.       0.0.         DIRECTOR       X       0.0.0.       0.0.       0.0.         (17) JARED EPSTEIN       1.00       X       0.0.0.       0.         DIRECTOR (FORMER)       X       0.0.0.       0.       0.		1.00									0
DIRECTORX0.0.0.(12) EMILY HELLSTROM1.00X0.0.0.DIRECTOR & VICE PRES. (FORMER)X0.0.0.0.(13) EVELIN COLLADO1.00X0.0.0.DIRECTORX0.0.0.0.0.(14) GASTON SILVA1.00X0.0.0.0.DIRECTORX0.0.0.0.0.(15) GREG KRAUT1.00X0.0.0.0.DIRECTORX0.0.0.0.0.(16) JASON VACKER1.00X0.0.0.0.DIRECTORX0.0.0.0.0.(17) JARED EPSTEIN1.00X0.0.0.0.DIRECTOR (FORMER)X0.0.0.0.0.		1 00	X						0.	0.	0.
(12) EMILY HELLSTROM       1.00       X       0.       0.       0.         DIRECTOR & VICE PRES. (FORMER)       X       0.       0.       0.       0.       0.         (13) EVELIN COLLADO       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (14) GASTON SILVA       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) GREG KRAUT       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (16) JASON VACKER       1.00       X       0.       0.       0.       0.       0.         DIRECTOR (FORMER)       X       0.       0.       0		1.00									0
DIRECTOR & VICE PRES. (FORMER)         X         0.		1 00	X						0.	0.	0.
(13) EVELIN COLLADO       1.00       X       0.       0.       0.       0.         DIRECTOR       X       1.00       X       0.       0.       0.       0.         (14) GASTON SILVA       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) GREG KRAUT       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) JASON VACKER       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (17) JARED EPSTEIN       1.00       X       0.       0.       0.       0.       0.         DIRECTOR (FORMER)       X       0.       0.       0.       0.       0.       0.		1.00	v						0	0	0
DIRECTOR         X         0. <t< td=""><td></td><td>1 00</td><td><u>^</u></td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		1 00	<u>^</u>						0.	0.	0.
(14) GASTON SILVA       1.00       X       0.       0.       0.       0.         DIRECTOR       X       1.00       X       0.       0.       0.       0.         (15) GREG KRAUT       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) JASON VACKER       1.00       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         DIRECTOR (FORMER)       X       0.       0.       0.       0.       0.	····	1.00	v						0	0	0
DIRECTOR         X         0. <t< td=""><td></td><td>1 00</td><td></td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		1 00							0.	0.	0.
(15) GREG KRAUT       1.00       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1.00	x						0.	0.	0.
DIRECTOR         X         0. <t< td=""><td></td><td>1.00</td><td>11</td><td></td><td></td><td></td><td></td><td></td><td></td><td>Ŭ.</td><td></td></t<>		1.00	11							Ŭ.	
(16) JASON VACKER       1.00       X       0.       0.       0.       0.         DIRECTOR       I.00       X       0.       0.       0.       0.       0.         (17) JARED EPSTEIN       I.00       X       0.       0.       0.       0.       0.         DIRECTOR (FORMER)       X       V       0.       0.       0.       0.       0.			x						0.	0.	0.
DIRECTORX0.0.0.(17) JARED EPSTEIN1.00X0.0.0.DIRECTOR (FORMER)X0.0.0.0.		1.00									
(17) JARED EPSTEIN         1.00         X         0. <td></td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			x						0.	0.	0.
DIRECTOR (FORMER) X 0. 0. 0.		1.00									
			x						0.	0.	0.
					•		•				Form <b>990</b> (2022)

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#### SOHO BROADWAY DISTRICT MANAGEMENT ASSOCTATION INC

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Form 990 (2022) ASSOCIAT	ION INC								47-1044	631 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	and	d Hi	ighe	st (	Compensated Employe	es (continued)	
(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee					one h an	<b>(D)</b> Reportable	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) JEANNETTE RODRIGUEZ DIRECTOR	1.00	x						0.	0.	0.
(19) JED ROOT	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(20) JOHN PASQUALE	1.00							0.		0
DIRECTOR	1.00	X						0.	0.	0.
(21) MARGARET BAISLEY DIRECTOR	1.00	x						0.	0.	0.
(22) MARIA FELICIANO	1.00									0.
DIRECTOR (FORMER)	1.00	x						0.	0.	0.
(23) MARY ROLLAND	1.00									
DIRECTOR (FORMER)		x						0.	0.	0.
(24) MICHELE VARIAN	1.00									
DIRECTOR (FORMER)		X						0.	0.	0.
(25) NEITH STONE	1.00									
DIRECTOR		Х						0.	0.	0.
(26) PAUL FARR	1.00									
DIRECTOR (FORMER)		X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VI								155,155.	0.	47,352. 47,352.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>								•	-	47,552.
2 Total number of individuals (including but n compensation from the organization		lose	iiste	ua	DOVE	e) wi	10 1	eceived more than \$100	,000 of reportable	1
compensation nom the organization										Yes No
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedule J for s</i>										3 X
<ul> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150</li> </ul>	im of reportab	le co	ompe	ensa	atior	n and	d ot	ther compensation from		4 X
<ul><li>5 Did any person listed on line 1a receive or a</li></ul>									idual for services	
rendered to the organization? If "Yes," com	plete Schedul	e J f	for su	ıch j	pers	son .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	-									sation from
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	/ithi	v	year.	(0)
(A) Name and business	address							<b>(B)</b> Description of s	services	(C) Compensation
ACE PROGRAMS FOR THE HOM		30-	-30	)						
NORTHERN BOULEVARD, LONG					N	Y		SANITATION S	ERVICES	323,428.
2 Total number of independent contractors (i	•	not li	mite	d to	tho	se lis 1	steo	d above) who received n	nore than	
SEE PART VII, SECTION		ידי		רידע	- יח]	÷ N	Sн	EETS		Form <b>990</b> (2022)
232008 12-13-22		4				•				(2022)

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#### SOHO BROADWAY DISTRICT MANAGEMENT ASSOCIATION INC

Form 990 ASSOCIAT	ION INC								47-104	4631
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mplo	oyee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(c		Pos		app	ly)	(D) Reportable compensation	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) PETER DAVIES DIRECTOR	1.00	x						0.	0.	0.
(28) RONNIE WOLF DIRECTOR	1.00	x						0.	0.	0.
(29) SUSAN SHOEMAKER	1.00	x						0.	0.	0.
DIRECTOR (30) WARREN LESHEN DIRECTOR	1.00	X						0.	0.	0.
DIRECTOR (31) MARK DICUS	40.00			x					0.	
EXECUTIVE DIRECTOR (OUTGOING) (32) ERIN PISCOPINK	40.00							155,155.		47,352.
EXECUTIVE DIRECTOR (AS OF 03/24)				X				0.	0.	0.
		╞								
		╞								
		╞								
		╞								
		<u> </u>						155 155		17 250
Total to Part VII, Section A, line 1c								155,155.		47,352.

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			ASSOCIATION	INC			47-1044	631 Page 9
Pa	rt \	/111						
			Check if Schedule O contains a response	e or note to any lir		(B)	(C)	
					<b>(A)</b> Total revenue	(D) Related or exempt function revenue	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Am (		с	Fundraising events 1c					
ilar İlar		d	Related organizations 1d	10 000				
Sins,			Government grants (contributions) 1e	42,000.				
er (		f	All other contributions, gifts, grants, and					
Q			similar amounts not included above 1f	62,208.				
u pu			Noncash contributions included in lines 1a-1f		104,208.			
<u> </u>		<u>n</u>	Total. Add lines 1a-1f	Business Code	101,2000			
a	2	а	ASSESSMENT REVENUE	900099	900,000.	900,000.		
Program Service Revenue	2	b			,			
Sei		c						
am		d						
9 B B B B B B B B B B B B B B B B B B B		е						
ā		f	All other program service revenue					
		g	Total. Add lines 2a-2f		900,000.			
	3		Investment income (including dividends, inter	rest, and	75			75
			other similar amounts)		75.			75.
	4		Income from investment of tax-exempt bond	-				
	5		Royalties	(ii) Personal				
	6	а	Gross rents	(ii) Foreeriar				
	Ŭ		Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
a		b	Less: cost or other basis					
evenue			and sales expenses					
Seve			Gain or (loss) 7c					
er R	0		Net gain or (loss)         Gross income from fundraising events (not					
Other	0	a	including \$ of					
-			contributions reported on line 1c). See					
			Part IV, line 18	1				
		b	Less: direct expenses					
		с	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9t	)				
	10		Net income or (loss) from gaming activities _	1				
	10	d	Gross sales of inventory, less returns and allowances	a				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
s			· · · · · · · · · · · · · · · · · · ·	Business Code				
Miscellaneous Revenue	11	а						
enu		b						
Rev		С						<b> </b>
			All other revenue					
	10		Total Add lines 11a-11d		1,004,283.	900,000.	0.	75.
23200	<b>12</b> 9 12		Total revenue. See instructions		<u>, , , , , , , , , , , , , , , , , , , </u>	500,000.	. J.	Form <b>990</b> (2022)
0	- 14	0						

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#### SOHO BROADWAY DISTRICT MANAGEMENT ASSOCIATION INC

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

<u>م</u>	Check if Schedule O contains a respon-	se or note to any line in (A)	(B)	(C)	Σ (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	208,836.	173,916.	34 920	
~	trustees, and key employees	200,030.	1/3,910.	34,920.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	166,550.	141,343.	25,207.	
7	Other salaries and wages	100,000	141,545.	23,207.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
0		25,722.	19,658.	6,064.	
9	Other employee benefits	41,228.	31,509.	9,719.	
0	Payroll taxes	41,220•	51,505.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	Fees for services (nonemployees):				
a L	Management	36,958.		36,958.	
b		13,078.		13,078.	
C L	Accounting	883.		883.	
d	Lobbying Professional fundraising services. See Part IV, line 17	005.		0051	
e 4					
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	343,931.	336,841.	7,090.	
2	Advertising and promotion	515,5511	330,0110		
3	Office expenses	21,016.		21,016.	
4	Information technology	12,508.		12,508.	
5		12,5000		12,5000	
6	Royalties	64,766.		64,766.	
17	Occupancy Travel				
8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,801.		3,801.	
20	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,955.		2,955.	
3	Insurance	5,916.		5,916.	
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES OTHER	79,841.	79,841.		
b	PROGRAM SUPPLIES	71,994.	71,994.		
c					
d					
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,099,983.	855,102.	244,881.	(
6	Joint costs. Complete this line only if the organization			· · · · · · · · · · · · · · · · · · ·	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

Part IX Statement of Functional Expenses

#### SOHO BROADWAY DISTRICT MANAGEMENT ASSOCIATION INC

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	990 (2					47-	1044631 <sub>Ра</sub>	age <b>1</b>	
Par	t X	Balance Sheet							
		Check if Schedule O contains a response or not	e to any	line in this Part X				🗖	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year		
	1	Cash - non-interest-bearing			113,631.	1	121,5		
	2	Savings and temporary cash investments			385,287.		285,3		
	3	Pledges and grants receivable, net		85,000.	3	127,4	121		
	4	Accounts receivable, net		13.	4				
	5	Loans and other receivables from any current o							
		trustee, key employee, creator or founder, subs	trustee, key employee, creator or founder, substantial contributor, or 35%						
		controlled entity or family member of any of the		5					
	6	Loans and other receivables from other disquali							
		under section 4958(f)(1)), and persons describe				6			
0	7		Notes and loans receivable, net						
499619	8	Inventories for sale or use				7			
2	9				18,727.		7,9	941	
		Land, buildings, and equipment: cost or other	I I		- ,		, -	-	
		basis. Complete Part VI of Schedule D	10a	20,416.					
	h	Less: accumulated depreciation		13,621.	9,750.	10c	6,7	795	
	11	Investments - publicly traded securities	27.000	11	• , .				
	12	Investments - other securities. See Part IV, line		12					
	13	Investments - program-related. See Part IV, line			13				
	13 14				14				
		Intangible assets		8,000.	14	174,4	15		
	15 16	Other assets. See Part IV, line 11			620,408.		723,4	19	
-	17	Total assets. Add lines 1 through 15 (must equ	54,806.	17	80,7				
	18	Accounts payable and accrued expenses			51,000.	18			
	10 19	Grants payable		19					
		Deferred revenue			20				
	20	Tax-exempt bond liabilities							
	21	Escrow or custodial account liability. Complete				21			
	22	Loans and other payables to any current or form							
		trustee, key employee, creator or founder, subs			00				
		controlled entity or family member of any of the		22					
	23	Secured mortgages and notes payable to unrela				23			
	24	Unsecured notes and loans payable to unrelate				24			
	25	Other liabilities (including federal income tax, pa							
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X	0.		172,8	21	
		of Schedule D			54,806.		253,5		
_	26	Total liabilities. Add lines 17 through 25			54,000.	26	200,0	פנ	
2		Organizations that follow FASB ASC 958, che	ck here						
		and complete lines 27, 28, 32, and 33.			565,602.		469,9	י ח נ	
	27	Net assets without donor restrictions		505,002.	27	409,9	50.		
	28	Net assets with donor restrictions		28					
		Organizations that do not follow FASB ASC 9	58, cheo	k nere					
		and complete lines 29 through 33.							
	29	Capital stock or trust principal, or current funds				29			
	30	Paid-in or capital surplus, or land, building, or ec				30			
	31	Retained earnings, endowment, accumulated in				31		<u> </u>	
	32	Total net assets or fund balances			565,602.	32	469,9		
	33	Total liabilities and net assets/fund balances			620,408.	33	723,4 Form <b>990</b>		

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SOHO	BROADWAY	I DISTRICT	MANAGEMENT
ASSO	ΤΑΨΤΟΝ Ι	NC	

Form	990 (2022) ASSOCIATION INC	47	-1044631	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,004		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,099		
3	Revenue less expenses. Subtract line 2 from line 1	3			00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	565	5,6	02.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	469	9,9	02.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	з,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

SCHEDULE A								_		OMB No. 1545-0047	
	 m 99				rity Status an					2022	
(1 01	moo	.0,	Co		ization is a section 50			or a section			
Doport	monto	f the Treesury			47(a)(1) nonexempt cha					Open to Public	
		f the Treasury nue Service			tach to Form 990 or Fo Form990 for instruction			formation		Inspection	
Nam	e of t	he organizati		-	DISTRICT MAN			Ionnation	Employer	Employer identification number	
				CIATION IN						7-1044631	
Pa	rt I	Reason			(All organizations must c	omplete t	nis part.) S	See instruction		. 1011001	
					For lines 1 through 12, c						
1			-		on of churches described	-	-				
2					Attach Schedule E (Forn		11110(6)(	•//~//•			
3					anization described in <b>s</b> e		V6V1VAVi				
4		•	•		njunction with a hospital				Viiii) Entor	the beenital's name	
-		city, and state		ation operated in co	rijunction with a nospita	i describer	a in Sectio			the hospital s hame,	
5		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.)									
6					aantal unit daaaribad in .	anation 1	70/6//4//4	(L)			
6 7	X				nental unit described in a					nu de lie, ele e evile e el in	
1	- 22	•			ntial part of its support f	rom a gov	ernmenta	i unit or from t	ine general	public described in	
•		•		omplete Part II.)		• 11 \					
8		-			(1)(A)(vi). (Complete Par	-			11		
9					in section 170(b)(1)(A)(						
			or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, cit	y, and state o	f the colleg	je or	
		university:									
10					than 33 1/3% of its sup						
					t to certain exceptions;					-	
					(less section 511 tax) fr	om busine	sses acqu	uired by the o	rganization	after June 30, 1975.	
				mplete Part III.)							
11		-	-	-	ively to test for public sa	•					
12					ively for the benefit of, to						
					ed in <b>section 509(a)(1)</b> o					Check the box on	
		7	-		of supporting organizatio		-		-		
а					upervised, or controlled						
			-		gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting	
	_	¬ ~		complete Part IV, Se							
b					l or controlled in connec						
			0	11 0 0	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	pported	
		Γ	()	t complete Part IV,							
С			-	•	g organization operated				Illy integrat	ed with,	
			-		s). You must complete I						
d			-		orting organization oper				-		
		that is not f	unctionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness	
	_	requiremen	t (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	۷.			
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III		
					nally integrated support						
f	Ente	er the number of	of supported of	organizations							
g				n about the supporte			ninetien lieted				
	(	i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	nization listed ng document?	(v) Amount o	-	(vi) Amount of other support (see instructions)	
		organization			above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)	
										ļ	
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Tota	I									1	

#### SOHO BROADWAY DISTRICT MANAGEMENT ASSOCIATION INC

47-1044631 Page 2

Schedule	A (Form 990	) 2022
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	40,365.	121,970.	46,500.	59,750.	89,208.	357,793.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	900,000.	900,000.	900,000.	900,000.	900,000.	4500000.
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	940,365.	1021970.	946,500.	959,750.	989,208.	4857793.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						4857793.
Sec	ction B. Total Support	i					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	940,365.	1021970.	946,500.	959,750.	989,208.	4857793.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		10	2.0			01 -
	and income from similar sources $\dots$	14.	18.	38.	70.	75.	215.
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.)						4050000
11	Total support. Add lines 7 through 10						4858008.
12	1					12	15,000.
13	First 5 years. If the Form 990 is for th	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
800	organization, check this box and stor ction C. Computation of Publ		rooptago				L
							100.00 %
	Public support percentage for 2022 (		•				$\frac{100.00}{100.00}$ %
	Public support percentage from 2021 33 1/3% support test - 2022. If the o						-
104	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o						
N	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
170	and if the organization meets the fact						
	meets the facts-and-circumstances te			•		withow the organiz	
h	10% -facts-and-circumstances tes	-		• • • •			
~	more, and if the organization meets th						
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				
				,, e, e. II k	,		(Form 990) 2022

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Schedule A (Form 990) 2022

#### ASSOCIATION INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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 qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	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						
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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third	, fourth, or fifth tax	year as a section	1 501(c)(3) orga	anization,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2022 (	line 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 202	I Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage	)			
	Investment income percentage for 20			line 13, column (f))	)		%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2022.</b> If the	-					l line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the	•					· · · · · · · · · · · · · · · · · · ·
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in		
23202	23 12-09-22			17		Schee	dule A (Form 990) 2022

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#### SOHO BROADWAY DISTRICT MANAGEMENT ASSOCIATION INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Schedule A (Form 990) 2022 Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on 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 on 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 line 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.)

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10b Schedule A (Form 990) 2022

11       Has the organization accepted a gift or contribution from any of the following persons?       a       A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?       11a       11a         b       A family member of a person described on line 11a above?       c       A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.       11b       11c         Section B. Type I Supporting Organizations         Yes No         1       Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization sactivities. If the organization had more than one supported organization, escibe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organization operate for the benefit of any supported organization other than the supported organization operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supporting organization?       2       1         Section C. Type II Supporting Organizations         Yes No       1       2       2       2       2<	Sche		(Form 990) 2022 ASSOCIATION INC	47-104463	81 <sub>Pa</sub>	age 5
11       Has the organization accepted a gift or contribution from any of the following persons?       a       A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?       11a       1	Par	t IV	Supporting Organizations (continued)			
<ul> <li>a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?</li> <li>b A family member of a person described on line 11a above?</li> <li>c A 35% controlled entity of a person described on line 11a or 11b above?/ff "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</li> <li>Section B. Type I Supporting Organizations</li> <li>1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</li> <li>2 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization(s) the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed ment of the supporting Organization(s)? If "No," describe in Part VI how control or managed the supporting Organization(s)? If "No," describe in Part VI how control or managed the supporting Organization was vested i</li></ul>					Yes	No
11c below, the governing body of a supported organization?       11a         b A family member of a person described on line 11a above?       11b         c A 35% controlled entity of a person described on line 11a or 11b above?/f "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.       11c         Section B. Type I Supporting Organizations         1       Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization is activities. If the organization had more than one supported organization shaw the power to applie to such powers during the tax year.       1         2       Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing organization.       2       2         Section C. Type II Supporting Organization.         Yes No         1       Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organization(s)? If "No," describe in Part VI how control or managed the supporting organization was vested in the same persons that controlled or managed the supp	11	Has t	he organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described on line 11a above?       1         c A 35% controlled entity of a person described on line 11a or 11b above?/f "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.       1         Section B. Type I Supporting Organizations         1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization of the supported organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.       2         2 Did the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or managed the supporting organization (s)? If "No," describe in Part VI how control or management of the supporting Organizations         1       1       1         2       1       1         3       1       1         4       1 <t< td=""><td>а</td><td>A per</td><td>son who directly or indirectly controls, either alone or together with persons described on lines 11b and</td><td></td><td></td><td></td></t<>	а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
c       A 35% controlled entity of a person described on line 11a or 11b above?/f "Yes" to line 11a, 11b, or 11c, provide       1         Section B. Type I Supporting Organizations       Yes         1       Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization of describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization (s) that operated, supervised, or controlled the supporting organization officers, directors, or controlled the supporting organization.       1         2       Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.       2         Section C. Type II Supporting Organizations       Yes       No         1       Were a majority of the organization's supported organization(s)? If "No," describe in Part VI how control or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization is supported organization(s)? If "No," describe in Part VI how control or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization is		11c b	pelow, the governing body of a supported organization?	11a		
detail in Part VI.       11c         Section B. Type I Supporting Organizations       Yes No         1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.       2         Section C. Type II Supporting Organizations       Yes No         1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or managed the supporting organization (s).       Yes No         2 Section D. All Type III Supporting Organizations       Yes No	b	A fam	nily member of a person described on line 11a above?	11b		
Section B. Type I Supporting Organizations         1       Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.       2         Section C. Type II Supporting Organizations       Yes No         1       Ves         1       Ves         2       Ves a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or management of the supporting organization was vested in the same persons that controlled or managed the supported organization (s).         1       Ves No	с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
1       Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supported organization.       1         2       Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.       2         Section C. Type II Supporting Organizations       Yes No         1       1         2       Ves nagarization was vested in the same persons that controlled or managed the supporting organization (s)? If "No," describe in Part VI how control or managed the supporting organization (s).       1         1       Yes No				11c		
1       Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.         2       Did the organization operate for the benefit of any supported organization of the supported organization operated, supervised, or controlled the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.       2         2       Did the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization (s).       1         3       Were a majority of the organization was vested in the same persons that controlled or managed the supported organization (s).       1         4       Ves       No	Sec	tion I	B. Type I Supporting Organizations			
more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization operated, supervised, or controlled the supported organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization. <b>2</b> Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization (s). <b>1</b> Section D. All Type III Supporting Organizations					Yes	No
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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.       2         Section C. Type II Supporting Organizations       2         1       Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization(s).       1         Section D. All Type III Supporting Organizations       1         Yes       No         Yes       No         Yes       No	1	more direct effect organ	supported organizations have the power to regularly appoint or elect at least a majority of the organization's o tors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) tively operated, supervised, or controlled the organization's activities. If the organization had more than one sup nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amor	officers, oported ng the		
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  Section D. All Type III Supporting Organizations  Yes No Yes No	2					
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.       2         Section C. Type II Supporting Organizations       Yes         1       Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).       1         Section D. All Type III Supporting Organizations       Yes       No	-					
supervised, or controlled the supporting organization.       2         Section C. Type II Supporting Organizations       Yes         1       Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).       1         Section D. All Type III Supporting Organizations       Yes       No		-				
Section C. Type II Supporting Organizations       Yes       No         1       Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).       1       1         Section D. All Type III Supporting Organizations       Yes       No				2		
1       Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).       1       1         Section D. All Type III Supporting Organizations       Yes No       Yes No	Sec					
1       Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).         Section D. All Type III Supporting Organizations					Yes	No
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations	1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  Section D. All Type III Supporting Organizations Yes No						
the supported organization(s).       1     1       Section D. All Type III Supporting Organizations     Yes						
Section D. All Type III Supporting Organizations Yes No				1		
	Sec					
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the					Yes	No
	1	Did th	ne 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		orgar	nization'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		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				1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
the organization maintained a close and continuous working relationship with the supported organization(s).		Ũ		2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a	3					
significant voice in the organization's investment policies and in directing the use of the organization's		•				
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		incon	ne or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
supported organizations played in this regard.				3		

#### Section 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 yea(see instructions).
---	---	-------------------	------------------------------	--

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** L The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization suppo	rted a governmental entity.	Describe in Part VI how	you supported a governme	ntal entity (see instructions).
-----	------------------------	-----------------------------	-------------------------	--------------------------	---------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

Schedule A (Form 990) 2022

2a

2b

За

3b

No

Yes

19

20200514 788383 SB2424

#### SOHO BROADWAY DISTRICT MANAGEMENT ASSOCIATION INC

47-1044631 Page 6

	edule A (Form 990) 2022 ASSOCIATION INC			47-1044631 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	inizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust or	n Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	e 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			
	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	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

_	dule A (Form 990) 2022 ASSOCIATION 1.		onizationa	4	7-1044631 Page7
Par		(a)(3) Supporting Org	anizations (continu	ued)	<b>a</b>
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	· · · ·		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	· · · · · ·		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		-	7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(1)	(**)	10	(:::)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

	(Form 990) 2022	ASSOCIAT	ION INC		MANAGEMEN	4	7-1044631 <sub>Pa</sub>
	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	5a, 6, 9a, 9b, 90 IV, Section E, li	c, 11a, 11b, ar nes 1c, 2a, 2b.	nd 11c; Part IV, Se , 3a, and 3b; Part	ection B, lines 1 and V, line 1; Part V, Se	d 2; Part IV, Section C, ection B, line 1e; Part V
							· · · · ·
32028 12-09-2	22			22	BROADWAY		chedule A (Form 990)

Schedule B	
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#### (Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB	No.	1545-0047

2022

Employer identification number

Name	of the	orgar	nization

Organization type (check one):

ASSOCIATION INC

47-1044631

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed	
			1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	· · · · · · · · · · · · · · · · · · ·		
		 \$	
		*	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	· · · · · · · · · · · · · · · · · · ·		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		( ¢	
3453 11-15	5-22	\$	

20200514 788383 SB2424

Schedule B (Form 990) (2022) Name of organization

SOHO BROADWAY DISTRICT MANAGEMENT

Page **3** 

Employer identification number

<sup>2022.05090</sup> SOHO BROADWAY DISTRICT MANA SB2424\_1

	B (Form 990) (2022)			Page <b>4</b>
				Employer identification number
	BROADWAY DISTRICT MANAG	EMENT		47-1044631
Part III		ons to organizations described in s	ection 501(c)(7), (8), or (10)	
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl	through (e) and the following line ent	ry. For organizations	once)\$
	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gif	 t	
-			•	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I		(0) 000 01 girt	(0) 200	
		(e) Transfer of gif	I	
	Transferee's name, address, ar	ad <b>7</b> ID + 4	Polationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
Faili				
			[	
		(e) Transfer of gif	t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
000454 44				0-b
223454 11-1	10-22	26		Schedule B (Form 990) (2022)

<sup>20200514 788383</sup> SB2424 2022.05090 SOHO BROADWAY DISTRICT MANA SB2424\_1

SCHEDULE C (Form 990)		litical Campaign	-	-		OMB No. 1545-0047				
	-	anizations Exempt From Incor				LULL				
Department of the Treasury Internal Revenue Service	-	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.								
<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c) (other</li> <li>Section 527 organiz</li> <li>If the organization ansistic section 501(c)(3) org</li> <li>Section 501(c)(3) org</li> <li>If the organization ansistic section 501(c)(3) org</li> <li>If the organization ansistic section 501(c)(3) org</li> </ul>	ganizations: Com er than section 50 ations: Complete wered "Yes," on ganizations that I ganizations that I wered "Yes," on tructions), then ), or (6) organization	Form 990, Part IV, line 3, or F applete Parts I-A and B. Do not co of (c)(3)) organizations: Complete Part I-A only. Form 990, Part IV, line 4, or F nave filed Form 5768 (election u nave NOT filed Form 5768 (election Form 990, Part IV, line 5 (Prop cions: Complete Part III. OADWAY DISTRICT	omplete Part I-C. e Parts I-A and C below orm 990-EZ, Part VI, I inder section 501(h)): C tion under section 501( xy Tax) (See separate	v. Do not complete Part ine 47 (Lobbying Activ Complete Part II-A. Do no (h)): Complete Part II-B. instructions) or Form	I-B. rities), the ot comple Do not co 990-EZ, I	<b>en</b> ete Part II-B. omplete Part II-A.				
······		TION INC				7-1044631				
<ol> <li>Provide a description</li> <li>Political campaign</li> </ol>	on of the organiz activity expendit	anization is exempt unc ation's direct and indirect politic ures gn activities	cal campaign activities	in Part IV.	\$					
			les	(0)						
<ol> <li>Enter the amount of Enter the amount of Enter the amount of If the organization if A Was a correction m b If "Yes," describe in Part I-C Compl Enter the amount of Enter the amount of Exempt function ac Total exempt funct line 17b</li> </ol>	of any excise tax of any excise tax incurred a sectio nade? <u>n Part IV.</u> <b>ete if the org</b> directly expended of the filing organ ctivities ion expenditures	anization is exempt unc incurred by the organization und incurred by organization manag n 4955 tax, did it file Form 4720 anization is exempt unc by the filing organization for se ization's funds contributed to of . Add lines 1 and 2. Enter here a	der section 4955 iers under section 4955 for this year? der section 501(c) action 527 exempt func- ther organizations for s and on Form 1120-POL	5 , except section 5 :tion activities ection 527	\$ \$ \$ \$	Yes No Yes No				
5 Enter the names, a made payments. For contributions received	ddresses and en or each organiza ved that were pro	<b>1120-POL</b> for this year? pployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	IN) of all section 527 po d from the filing organi a separate political org	zation's funds. Also ent ganization, such as a se	which the er the am	ount of political				
( <b>a</b> ) Name	e	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's con -0 p de	e) Amount of political tributions received and promptly and directly elivered to a separate political organization. If none, enter -0				
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form	990 or 990-EZ.		Sched	dule C (Form 990) 2022				

232041 11-08-22

Scho		SOHO BROADW ASSOCIATION		MANAGEMENT	17_1	044631 Page 2				
	rt II-A Complete if the org			n 501(a)(3) and fil						
Pa	section 501(h)).	Janization is exer	npt under sectio		ed Form 5766 (ei	ection under				
Α		ation belongs to an affi	iated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,				
	expenses, and share of excess lobbying expenditures).									
B		ation checked box A ar		visions apply.						
	Limi (The term "expen		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals						
1a	Total lobbying expenditures to infl	uence public opinion (	grassroots lobbying)							
b	Total lobbying expenditures to infl	uence a legislative boo	ly (direct lobbying)		883.					
с	Total lobbying expenditures (add l	ines 1a and 1b)			883.					
	Other exempt purpose expenditur				1,099,100.					
е	Total exempt purpose expenditure				1,099,983.					
	Lobbying nontaxable amount. Ent				184,998.					
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:										
	Not over \$500,000									
	Over \$500,000 but not over \$1,00	ess over \$500,000.								
	Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.						
	Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.						
	Over \$17,000,000	\$1,000,0	000.							
		• · · · · ·								
g	Grassroots nontaxable amount (er	nter 25% of line 1f)			46,250.					
h	Subtract line 1g from line 1a. If zer	ro or less, enter -0-			0.					
i	Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.					
j	If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiz	ation file Form 4720						
	reporting section 4911 tax for this					Yes No				
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)									
		Lobbying Exper	ditures During 4-Yea	ar Averaging Period						
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	( <b>d)</b> 2022	<b>(e)</b> Total				
2a	Lobbying nontaxable amount	148,565.	158,999.	163,784.	184,998.	656,346.				
b	Lobbying ceiling amount (150% of line 2a, column(e))					984,519.				

5,379.

39,750.

0.

963.

0.

37,141.

Schedule C (Form 990) 2022

64,084.

164,087.

246,131.

883.

0.

46,250.

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56,859.

40,946.

0.

c Total lobbying expenditures

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

## SOHO BROADWAY DISTRICT MANAGEMENT ASSOCIATION INC

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provi	de in Part IV a detailed description	(a)		(k	o)
of the lobbying activity.		Yes	No	Amo	ount
<b>1</b> During the year, did the filing organization attempt to	nfluence foreign, national, state, or				
local legislation, including any attempt to influence pu	blic opinion on a legislative matter				
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in e	xpenses reported on lines 1c through 1i)?				
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?	r				
g Direct contact with legislators, their staffs, governmer	r				
h Rallies, demonstrations, seminars, conventions, spee	- · · ·				
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be					
<b>b</b> If "Yes," enter the amount of any tax incurred under s					
c If "Yes," enter the amount of any tax incurred by orga					
<b>d</b> If the filing organization incurred a section 4912 tax, d	-				
Part III-A Complete if the organization is ex	empt under section 501(c)(4), section	n 501(c)(5	5), or se	ction	
501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received no	ndeductible by members?		1		
2 Did the organization make only in-house lobbying exp					
3 Did the organization agree to carry over lobbying and					
Part III-B Complete if the organization is ex				ction	
	rt III-A, lines 1 and 2, are answered				e 3. is
answered "Yes."	·····, ·······		()	,	,
1 Dues, assessments and similar amounts from member	rs		. 1		
2 Section 162(e) nondeductible lobbying and political e					
expenses for which the section 527(f) tax was paid					
a Current year	,		2a		
<b>b</b> Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) n					
<ul><li>4 If notices were sent and the amount on line 2c exceed</li></ul>					
does the organization agree to carryover to the reason					
			4		
5 Taxable amount of lobbying and political expenditures			. 5		
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B	line 4: Part I C line 5: Part II A (affiliated group	liet): Dort II /		and 2 (Soo	
		1151), Fart 11-7-	A, III 185 T 6		
instructions); and Part II-B, line 1. Also, complete this part for FORM 990. SCHEDULE C:	any additional mormation.				
THE ORGANIZATION IS A MEMBER O	OF ANOTHER NONPROFIT THA	I. LEKL(	JKMS	LOBBYI	LNG.
AMOUNTS DISCLOSED AS LOBBYING	COSTS ON PAGE 2 INCLUDE	A POR	FION	OF	
INDIRECT MEMBERSHIP LOBBYING (	OSTS PERFORMED BY THOSE	ORGAN	IZATI	ONS.	

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SCHEDULE D     Supplemental Financial Statements											
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.								
	ment of the Treasury	A	ttach to Form 990. 0 for instructions and the latest information.	Open to Public Inspection							
	I Revenue Service e of the organization			Employer identification number							
Nam		ASSOCIATION INC		47-1044631							
Pa	t I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the							
	organization	n answered "Yes" on Form 990, Part IV, lin	ie 6.								
			(a) Donor advised funds	(b) Funds and other accounts							
1		nd of year									
2		f contributions to (during year)									
3		f grants from (during year)									
4		t end of year									
5	5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No										
6			dvisors in writing that grant funds can be used								
0	•	<b>C</b>	or donor advisor, or for any other purpose confe								
	impermissible priva										
Pa			ganization answered "Yes" on Form 990, Part IV								
1	Purpose(s) of cons	servation easements held by the organizati	ion (check all that apply).								
	Preservation	n of land for public use (for example, recrea	ation or education) 📃 Preservation of a hist	orically important land area							
	Protection o	f natural habitat	Preservation of a cert	tified historic structure							
	Preservation	n of open space									
2	•	<b>o o</b> .	fied conservation contribution in the form of a c								
	day of the tax year			Held at the End of the Tax Year							
a											
b											
	c Number of conservation easements on a certified historic structure included in (a)										
d		vation easements included in (c) acquired	• • •	2d							
3											
Ŭ	year										
4		where property subject to conservation ea	sement is located								
5	Does the organizat	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of								
	violations, and enfo	orcement of the conservation easements i	t holds?	Yes No							
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easements during the year							
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	asements during the year							
•	Deerershare										
8			ve satisfy the requirements of section 170(h)(4)(								
9			on easements in its revenue and expense state								
3		•	note to the organization's financial statements t								
		ounting for conservation easements.									
Pa			f Art, Historical Treasures, or Other	Similar Assets.							
	Complete if	the organization answered "Yes" on Form	n 990, Part IV, line 8.								
<b>1</b> a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and ba	alance sheet works							
	of art, historical tre	easures, or other similar assets held for pul	blic exhibition, education, or research in furthera	ance of public							
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.										
b			58, to report in its revenue statement and baland								
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,										
	provide the following amounts relating to these items:										
	(i) Revenue included on Form 990, Part VIII, line 1										
0	• •		asures, or other similar assets for financial gain,								
2		Ints required to be reported under FASB A		, provide							
а	-			\$							
		eduction Act Notice, see the Instruction		Schedule D (Form 990) 2022							
	1 09-01-22	, <u></u>		· ···· · · · · · · · · · · · · · · · ·							
			30								

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	SOHO BR	OADWAY DIS	TRICT	MANA	GEMENT				
Sche	dule D (Form 990) 2022 ASSOCIA	TION INC					47-1	044631	Page <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures, c	or Other	Similar As	sets(continu	ied)
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following tha	t make sig	nificant use of	its	
	collection items (check all that apply):								
а	Public exhibition	d			hange progra				
b	Scholarly research	e	• 🗌 o	ther					
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how the	y further t	he organizatio	on's exemp	ot purpose in <b>F</b>	Part XIII.	
5	During the year, did the organization solicit of		-						
	to be sold to raise funds rather than to be m							Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the c	organizatio	n answered "	'Yes" on Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod								
	on Form 990, Part X?						I	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ble:			r	A	
								Amount	
	Beginning balance								
	Additions during the year						1d		
e	Distributions during the year						1e		
T Or	Ending balance						1f	M	
	Did the organization include an amount on F							Yes	No
Par	If "Yes," explain the arrangement in Part XIII <b>t V</b> Endowment Funds. Complete								
		(a) Current year		or year			Three years ba	ck (e) Four v	ears back
1a	Beginning of year balance	(,,	()	<b>j</b>	(-/ )		, ,	(-) ,	
h	Contributions								
5	Net investment earnings, gains, and losses								
с А	Grants or scholarships								
	Other expenditures for facilities								
C	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the cur		e (line 1a	column (a	a)) held as:				
	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
c		%							
•	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		ation that	are held a	nd administe	red for the			
	organization by:								es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses of the							·····	<b>I</b>
Par	t VI Land, Buildings, and Equipn	nent.							
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV,	line 11a. S	See Form 990	), Part X, lir	ne 10.		
	Description of property	<b>(a)</b> Cost or o basis (investr		<b>(b)</b> Cost basis	or other (other)	.,	umulated eciation	<b>(d)</b> Book	value
1a	Land								
b	Buildings								
с	Leasehold improvements								
d	Equipment			2	0,416.	1	.3,621.	6	,795.
	Other								<b>7</b> • -
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columr	n (B), line 1	0c.)			6	,795.

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022 ASSOCIATION	INC	4 /	-1044631 Page:
Part VII Investments - Other Securities.	an Farma 000 Dart IV/ line 1	1h Cas Farm 000 Dait V line 10	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1 (b) Book value		
(a) Description of security or category (including name of security)	(b) BOOK value	(c) Method of valuation: Cost or en	u-oi-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	an Fauna 000 Bart N/ Kara d		
Complete if the organization answered "Yes"		(c) Method of valuation: Cost or en	d of yoor moriest yolyo
(a) Description of investment	(b) Book value	(C) Method of Valuation: Cost of en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) SECURITY DEPOSITS			8,000
(2) RIGHT-OF-USE ASSET - OPER	ATING LEASES		166,459
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>Γotal.</b> (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		174,459
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY - OPERATI	NG LEASES		172,817
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
्७) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin	0.25)		172,817
<b>2.</b> Liability for uncertain tax positions. In Part XIII, provide			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2022

232053 09-01-22

	SOHO BROADWAY DISTRICT M	ANAGEMENT		
Sche	edule D (Form 990) 2022 ASSOCIATION INC		47-1	L044631 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,004,283.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,004,283.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
с	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			1,004,283.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	omonte With Evne	anses ner Retu	rn
			choco per rieta	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1		12a.		1,099,983.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
-	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	12a.		
2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12a. 		
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12a2a		
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	12a. 		
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	12a. 2a 2b 2c 2d	1	1,099,983.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d	1	
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	12a. 2a 2b 2c 2d	1	1,099,983.
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	12a. 2a 2b 2c 2d	1	1,099,983.
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	12a. 2a 2b 2c 2d 2d	1	1,099,983.
2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	12a.         2a         2b         2c         2d         2d         4a         4b	1	1,099,983. 0. 1,099,983. 0.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	12a.         2a         2b         2c         2d         2d         4a         4b	1	1,099,983.

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.

(Form 990)       For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered 'Yes' on Form 990, Part IV, line 23. Attach to Form 990.       2010	sc	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
Complete if the comparison of the forward 'Yee' on Form '90, Part IV, line 23.     Attach to Form '90, Attach to Form '90, Part IV, line 23.     Attach to Form '90, Part IV, line 24.     Attach to account in the attach travel     Attach to account indication and gross-up payments     Attach to account and the indication account indication form '90, Part IV, line 23.     Attach to account and the indication account indication form some payments incomand the indication in account indication form '90, Part IV, line 24.     Attach and account indication account indication form and payment'			-		20	77	)
Department         Attach to Form 990.         Department/ memoritaria         Departmemoritari         Department/ memomoritaria	•		Compensated Employees		ZU	<b>_</b> _	-
International Service         Cote www.ire.gov/Form990 for instructions and the latest information.         Imspection           Name of the organization         SCICID READWAY DISTRICT MANAGEMENT         Employer identification number 47–10.44631           Part II         Questions Regarding Compensation         47–10.44631           Image of the organization provide any of the following to or for a person listed on Form 980.         Yes         No           Part II, Section A, Ine 1a. Complete Part III to rovide any relevant information regarding these items.         Image of the organization provide any relevant information regarding these items.         Image of the organization provide any relevant information regarding these items.         Image of the organization provide any relevant information regarding these items.         Image of the organization provide any relevant information regarding the status.           Image of the organization and gross up payments         Descretionas excess (such as matic, chauffeur, chell)         Image of the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If "No," complete Part III to explain         1b           2         Indicate which, if any, of the following the organization used to establish checked on line 1a?         2           3         Indicate which, if any, of the following the organization used to establish organization committee         Written employment contract         1b           Imdependent compensation consultant         Compensation survey or study	Deres	torrad of the Treasure			Open to	Publ	ic
ASSOCIATION INC         47-1044631           Part I         Questions Regarding Compensation         Yes           Ia Check the appropriate box(se) if the organization provided any of the following to or for a person listed on Form 990, Part UI, Section A, line 1a, Complete Part III to provide any relevant information regarding these tens.         Yes         No           Part UI, Section A, line 1a, Complete Part III to provide any relevant information regarding these tens.         Payments for business use of personal resoluce for personal resoluce of personal resoluce of personal resoluce of personal resoluce of a standard travel for companions         Payments for business use of personal resoluce of personal resoluce of a standard travel of the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CRO/Executive Director, regarding the items checked on line 1a?         1b         Image: CRO/Executive Director, but explain in Part III.           Quering the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization committee         Witten employment contract the gradination organization committee         X           During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.         Xeing X         Xeing X           Participate in or receive payment from an equity based compensation arrangement?         4a         X           Participate in or receive payment from an equity based complesation arrangement?         5a         Xeinge					Inspe	ction	
Part I       Questions Regarding Compensation       Yes       No         a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms.       Image: Complex Part Part Part Part Part Part Part Part	Nam	e of the organizatio	SOHO BROADWAY DISTRICT MANAGEMENT	Employer ider	ntificati	on nu	mber
a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           B Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         No           B Track ideamond and prossup payments         Personal services (such as maid, chariffeur, chef)         If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If No, "Complete Part III to explain.         It         It           2 bit the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the organization to used to establish the complexation it to explain in a fart III.         It         It           3 Indicate which, if any, of the following the organization with espects to the filing organization or a related organizations         It Approval by the board or compensation committee         It           4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment from an equity based compensation amangement?         It         It           4 Diving the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization?			ASSOCIATION INC	47-10	4463	1	
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Computed Part III to provide any relevant information regarding these items.            First-listes or charter travel        Housing allowance or residence for personal use             First-listes or charter travel        Housing allowance or residence for personal use             First-listes or charter travel        Housing allowance or residence for personal use             First-listes or charter travel        Housing allowance or residence for personal use             First-listes or charter travel        Housing allowance or residence for personal use             First-listes or charter travel        Housing allowance or residence for personal use             First-listes or charter travel        Housing or allowing expression: Careto by all directors.             Point travels, including the CEO/Executive Director, regarding the items checked on line 1a?        2             Point openation committee        Compensation or pain allowing the CEO/Executive Director, but explain in Part III.             Compensation committee        Compensation committee        Compensation committee             During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing         organization?	Pa	rt I Question	s Regarding Compensation				
Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of Comparison						Yes	No
First-class or charter travel Payments for business use of personal use Payments for business use of personal residence Payments for business use of personal residence Travel for companions Payments for business use of personal residence Payments or social club dues or initiation fees Payments or social club dues or initiation fees Payments or social club dues or initiation fees Payments or reinbursement or provision of all of the expenses described above? If "No," complete Part III to explain, 2 Did the organization requires substantiation prior to reinbursing or allowing expenses incurved by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization requires busited tabove? If "No," complete Part III. Compensation committee Compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. Braticipate in or receive payment from an equity based compensation arrangement? If "Yes' to any of line 5a or 5b, describe in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization may angement? If "Yes' to any of line 5a or 5b, describe in Part III. Form persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues d: The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the etermisp ot: For persons listed on Form 990, Part VII, Section	1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,			
Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       Image: Travel for companization is CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: Travel for companization is CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: Travel for companization is CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: Travel for angle and the expense as everance payment for an arge-of-control payment?       Image: Travel for angle		Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         Indicate which, if any operand listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       2         4 During the yaar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         b Participate in or receive payment from an equity-based compensation arrangement?       4a       X         b Participate in or receive payment from an equity-based compensation arrangement?       4a       X         b Any related organization?       5a       X         fr 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts		First-class or c	harter travel Housing allowance or residence for perso	nal use			
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation or the CEO/Executive Director, but explain in Part III.       2         4       Indicate which, if any, of the following the organization used to establish the compensation contract       2         1       Compensation consultant       Compensation survey or study         2       Form 990 of other organization:         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:         a       Receive a severance payment from a supplemental nonqualified retirement plan?       4a       X         b       Participate in or receive payment from a supplemental monqualified retirement plan?       4a       X         b       During the year, of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5b <td></td> <td>Travel for com</td> <td>panions</td> <td>sidence</td> <td></td> <td></td> <td></td>		Travel for com	panions	sidence			
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to estable hompensation committee       2         Implement compensation committee       Written employment contract       0         Compensation committee       Written employment contract       0         Implement compensation consultant       Compensation committee       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         B       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       5a       X         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X<		Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committe       Written employment contract       0         Compensation comsuitant       Compensation survey or study       0         Form 990 of other organization:       X Approval by the board or compensation committee       4         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         ohy section 501(c)(X), 501(c)(A), and 501(c)(29) organizations must complete lines 5-9.       5       5       5       5       5       X         f "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       6a       X         Ohy section 501(c)(X), 501(c		Discretionary :	spending account Personal services (such as maid, chauffer	ur, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committe       Written employment contract       0         Compensation comsuitant       Compensation survey or study       0         Form 990 of other organization:       X Approval by the board or compensation committee       4         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         ohy section 501(c)(X), 501(c)(A), and 501(c)(29) organizations must complete lines 5-9.       5       5       5       5       5       X         f "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       6a       X         Ohy section 501(c)(X), 501(c							
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         4       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         6       Compensation committee       Written employment contract       2         7       Main generation or arelated organization:       8       X         9       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         9       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         9       Participate in or receive payment from a supplemental compensation pay or accrue any compensation contingent on the revenues of:       4a       X         10       Driny section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5a       X         5       For persons listed on Form 990, Part VII. Section A, line 1a, did the organization pay or accrue any compensation contingent on the neteamings of:       5a       <	b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Ceore and CEO/Executive Director, but explain in Part III.         Compensation committee       Written employment contract       Image: Ceore and CEO/Executive Director, but explain in Part III.         Compensation committee       Written employment contract       Image: Ceore and CEO/Executive Director, but explain in Part III.         Compensation committee       Written employment contract       Image: Ceore and CEO/Executive Director, but explain in Part III.         Pouring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         Conservation of the revenues of:       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         Any related organization?		reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. but explain in Part III.       Image: CEO/Executive Director. but explain but e	2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>X Approval by the board or compensation committee</li> </ul> 4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <ul> <li>Receive a severance payment or change-of control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Contigents in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> </ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:         <ul> <li>The organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:             <ul> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on</li></ul></li></ul></li>		trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <ul> <li>Receive a severance payment or change-of control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Carticipate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> </ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:         <ul> <li>The organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:             <ul> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe do n</li></ul></li></ul></li>							
establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <ul> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:             <ul> <li>The organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> </ul> <ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:             <ul> <li>The organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:             <ul> <li>The organization?</li> <li>If "Yes" on line 6a or 6b, describe</li></ul></li></ul></li></ul></li></ul>	3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization?	s			
Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change of control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         b Any related organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         f "Yes" on line 5a or 5b, describe in Part III.       5a       X         b Any related organization?       6a       X         b Any related organization?       5a       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         f The organization?       6a       X         b Any related organization?       6a       X		CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b       Participate in or receive payment for an aupultified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       60       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       a       6a       X         a       The organization?       6a       X       X       b       Ay related o		establish compens	ation of the CEO/Executive Director, but explain in Part III.				
Image: Some set of the s		Compensatior	n committee Written employment contract				
<ul> <li>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>6a X</li> <li>b Any related organization?</li> <li>if "Yes," dea or bi, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>7 Were any amounts reported on Form 990, Part VII, Section Sa.4958-4(a)(3)? If "Yes," describe in Part III.</li> <li>8 Were any amounts reported on Form 990, Part VII, and or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</li> <li>9 If "Yes" on line 5, did the organization also follow the rebutable presumption procedure described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</li> </ul>		Independent of	compensation consultant Compensation survey or study				
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       1f "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         a The organization?       5a       X       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         b Any related organization?		Form 990 of o	ther organizations	ommittee			
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       1       1       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       1<							
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       6a       X         b Any related organization?       6a       X         lf "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         g Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on lines 5 and 6? If "Yes," describe in Part III.       7	4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X		organization or a re	lated organization:				
c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         f" "Yes" on line 5a or 5b, describe in Part III.       5b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         a       The organization?       6a       X         b       Any related organization?       6a       X         f" "Yes" on line 6a or 6b, describe in Part III.       6b       X         6       Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	а						
If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.       Image: Constraint of the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Sa       X         a The organization?       Image: Sa       Sa       X         b Any related organization?       Image: Sa       Sb       X         if "Yes" on line 5a or 5b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: Sa       X         a The organization?       Image: Sa       Image: Sa       X         b Any related organization?       Image: Sa       Image: Sa       Image: Sa         a The organization?       Image: Sa       Image: Sa <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <ul> <li>a The organization?</li> <li>b Any related organization?</li> <li>ff "Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:                 <ul></ul></li></ul>	С				4c		X
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9							
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III.       9       9	_						
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9	5	-		on			
b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		e e					v
If "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         if "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         7       For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III         8       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	a	The organization?					
6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	b				5b		
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	_		,				
a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	6			on			
b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		e e					v
If "Yes" on line 6a or 6b, describe in Part III.       Image: constraint of the second s	a	The organization?					
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>	b				60		
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	_			_			
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> </ul>	7				_		v
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	~				7		
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in         Regulations section 53.4958-6(c)?       9	8	•					v
Regulations section 53.4958-6(c)?	~				8		
	9						

Schedule J (Form 990) 2022

ASSOCIATION INC

47-1044631

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARK DICUS	(i)	155,155.	0.	0.	0.	47,352.	202,507.	0.
EXECUTIVE DIRECTOR (OUTGOING)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE L	l	Tra	insactior	ns V	Vith	Int	erested	Р	ersons			0	MB No.	1545-0	047
(Form 990)				wered	"Yes"	on Fo	orm 990, Part	IV, I	line 25a, 25b, 26	, 27, 2	28a,		2	02	2
Department of the Treasury	0		Attac	h to F	orm 9	90 or F	Form 990-EZ.						pen T		olic
Internal Revenue Service Name of the organization			w.irs.gov/Form						information.	Em	olove	r ident	spect		umber
	ASSOCI											446			
Part I Excess E	Benefit Trans	sacti	ons (section 50	01(c)(3	3), sect	ion 50	1(c)(4), and se	ectio	n 501(c)(29) orga	anizat	ions o	nly).			
Complete it	f the organizatio						line 25a or 25l	o, oi	r Form 990-EZ, P	art V,	line 40	0b.			
1 (a) Name of disqual	ified person	(b) F	Relationship bet person and o			lified	(0	<b>;)</b> De	escription of tran	sactio	n				cted?
				ganiza										es	No
													+		
													—		
2 Enter the amount o	ftax incurred by	the o	ragnization mar	agore	or dis	nualifie	d persons du	rina	the year under						
	-		-	-		-	-	-			\$				
3 Enter the amount o															
	and/or From							_							
•	0					, Part	V, line 38a or l	orn	n 990, Part IV, lin	ie 26;	or if th	ne orga	inizati	on	
(a) Name of	n amount on For (b) Relatio		(c) Purpose	(d) La	oan to or	(e	) Original	(1	) Balance due	(a	In	<b>(h)</b> Ap	proved	(i) V	/ritten
interested person			of loan		n the ization?		cipal amount	(	default?			by board or ag		agree	ement?
				То	From					Yes	No	Yes	No	Yes	No
													<b> </b>		
													├───		
													<b> </b>		
													<b> </b>		
Total							\$						L		
	or Assistance	e Ber	nefiting Inter	reste	d Pe	rsons									
Complete it	f the organizatio	n ansv	wered "Yes" on	Form 9	990, Pa	art IV, I	line 27.								
(a) Name of interested person			(b) Relationship interested pers the organiza	son an		(4	<b>c)</b> Amount of assistance		<b>(d)</b> Type assistan			•	) Purp assista		f
		_													
		_													
LHA For Paperwork R	eduction Act No	otice,	see the Instruc	tions	for Fo	rm 99	0 or 990-EZ.				Sche	edule L	. (For	m 990	) 2022

232131 11-01-22

SOHO	BROADWAY	DISTRICT	MANAGEMENT

Schedule I	L (Form 990) 2022 ASSOCI	ATION INC		47-1044	631	Page <b>2</b>
Part IV		ing Interested Persons.				
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	28b, or 28c.			
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	<b>(d)</b> Description of transaction	òrganiz rever	aring of zation's nues?
BRTAN	STEINWURTZEL	PRESIDENT (FORMER).	61 572	THE ORGANIZ	Yes	No X
	DIDIMONIZEE		01,572.			
						<u> </u>
						<u> </u>
Part V	Supplemental Information. Provide additional information for respo	onses to questions on Schedule L (see	instructions).			
SCH L	, PART IV, BUSINESS I	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) N.	AME OF PERSON: BRIAN	STEINWURTZEL				
(B) R	ELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	ION:		
PRESI	DENT (FORMER).					
(C) A	MOUNT OF TRANSACTION	\$ 61,572.				
(D) D	ESCRIPTION OF TRANSAC	TION: THE ORGANIZAT	ION LEASES	SPACE FROM	A	
ORGAN	IZATION WHICH THE INT	ERESTED PERSON SERV	ES AS THE P	RINCIPAL AN	D	
OVERS	EES ASSET MANAGEMENT.					
(E) S	HARING OF ORGANIZATIC	N REVENUES? = NO				

Schedule L (Form 990) 2022

232132 11-01-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. SOHO BROADWAY DISTRICT MANAGEMENT



Employer identification number 47 - 1044631

FORM 990, PART VI, SECTION A, LINE 2:

ASSOCIATION INC

WARREN LESHEN AND LEE LESHEN (BOARD ALTERNATE) HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 HAS BEEN REVIEWED BY A GROUP OF PERSONS AUTHORIZED TO REVIEW

FINANCIAL AND AUDIT MATTERS PRIOR TO FILING. THE FINAL FORM 990 (FILED

WITH THE IRS) WILL BE AVAILABLE AT THE NEXT MEETING OF THE BOARD FOR

INSPECTION. IN ADDITION, UPON REQUEST OF ANY BOARDMEMBER, A COPY WILL BE

PROVIDED. IF THERE ARE ANY MATERIAL CHANGES, AN AMENDED FORM 990 WILL BE FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY BY MONITORING KNOWN RELATIONSHIPS, QUESTIONNAIRES, AND NOTING ANY CHANGES IN DISCLOSED INFORMATION. ANY CONFLICT IS REVIEWED BY THE BOARD BEFORE A DECISION IS MADE AS TO WHETHER TO APPROVE THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

THIS REVIEW INCLUDES RESEARCHING GUIDESTAR, 990S, NY NON-PROFIT NETWORK

ANNUAL SALARY SURVEY, PHONE CALLS TO OTHER ORGANIZATIONS TO COLLECT DATA.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 1023, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FORM 990 IS AVAILABLE IN THE ORGANZIATION'S WEBSITE.

39

202211 10 20 22

20200514 788383 SB2424

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
COMPENSATION TO STAFF	
THE ORGANIZATION USED A PEO-PAYROLL PROCESSING COMPANY TO PRO	
WAGES, BENEFITS AND HUMAN RESOURCE FUNCTIONS FOR ITS EMPLOYEE	ES. AS
SUCH, SALARIES ARE REPORTED BY THE PEO-PAYROLL PROCESSING COM	IPANY TO
THE VARIOUS AGENCIES.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS - SANITATION:	
PROGRAM SERVICE EXPENSES	315,01
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	315,01
CONSULTANTS - COMMUNITY DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	21,83
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	21,83
PROFESSIONAL FEES - OTHER:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	7,09
FUNDRAISING EXPENSES	
232212 10-28-22 <b>4</b> 0	Schedule O (Form 990) 2
200514 788383 SB2424 2022.05090 SOHO BROADWAY DISTRICT	MANA SB2424

FORM 990, PART VI, SECTION C, LINE 19:

Schedule O (Form 990) 2022 Name of the organization SOHO BROAD ASSOCIATIO	WAY DISTRICT MANAGEMENT N INC	Page Employer identification number 47-1044631
TOTAL EXPENSES		7,090
TOTAL OTHER FEES ON FORM	990, PART IX, LINE 11G, COL A	343,931
FORM 990. PART XII, LINE	2C:	
THE PROCESS HAS NOT CHAN	GED FROM PRIOR YEAR.	
		Sobodulo O /Farme 000) 00
232212 10-28-22 200514 788383 SB2424	41 2022.05090 SOHO BROADWAY DIS	Schedule O (Form 990) 20

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

•141 <b>•</b>	90 PAGE 10				_			990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	COMPUTER	10/20/14	SL	3.00		16	1,587.				1,587.	1,587.		٥.	1,587.
2	GIS BASE MAP	12/31/14	SL	5.00		16	11,832.				11,832.	11,832.		0.	11,832.
5	COMPUTERS	06/30/16	SL	3.00		16	2,746.				2,746.	2,746.		0.	2,746.
6	GIS BASE MAP	06/30/16	SL	5.00		16	3,518.				3,518.	3,518.		0.	3,518.
9	MACBOOK	07/25/18	SL	3.00		16	1,768.				1,768.	1,768.		0.	1,768.
10	MACBOOK	03/16/20	SL	3.00		16	1,948.				1,948.	1,515.		433.	1,948.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						23,399.				23,399.	22,966.		433.	23,399.
	MANAGEMENT AND GENERAL														
3	ORGANIZATIONAL COSTS	06/30/14	SL	3.00		16	3,175.				3,175.	3,175.		0.	3,175.
4	ORGANIZATIONAL COSTS	06/30/15	SL	3.00		16	158,502.				158,502.	158,502.		0.	158,502.
7	WEBSITE	06/30/17	SL	2.00		16	12,166.				12,166.	12,117.		0.	12,117.
8	WEBSITE	06/30/18	SL	2.00		16	8,779.				8,779.	8,779.		0.	8,779.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						182,622.				182,622.	182,573.		0.	182,573.
	* GRAND TOTAL 990 PAGE 10 DEPR						206,021.				206,021.	205,539.		433.	205,972.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(Rev. January 2022)

#### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

-	File a	congrato	application	for each	roturn

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print Name of exempt organization or other filer, see instru SOHO BROADWAY DISTRICT MAN ASSOCIATION INC	Taxpayer identification number (TIN)							
File by the due date for filing your return. See <b>594 BROADWAY</b> , <b>1107</b>								
instructions. City, town or post office, state, and ZIP code. For a f NEW YORK, NY 10012	-							
Enter the Return Code for the return that this application is for (fi	le a separa	ate application for each return)						
Application	Return	Application			Return			
Is For	Code	Is For			Code			
Form 990 or Form 990-EZ	01	Form 1041-A			08			
Form 4720 (individual)	03	Form 4720 (other than individual)			09			
Form 990-PF	04	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above)	06	Form 8870			12			
Form 990-T (corporation) THE ORGANIZATI	07							
<ul> <li>Telephone No. ▶ 212-390-1131</li> <li>If the organization does not have an office or place of busines</li> <li>If this is for a Group Return, enter the organization's four digit box ▶ If it is for part of the group, check this box ▶</li></ul>	Group Exe and atta MA ganization's , an check reas	emption Number (GEN) I ach a list with the names and TINs of Y 15, 2024 , to file s return for: ad ending JUN 30, 2023 on: Initial return	f this is fo all memb the exem	r the whole ers the ext npt organiz 	e group, check this			
any nonrefundable credits. See instructions.	o, ontor the		3a	\$	0.			
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and			-			
estimated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$	0.			
c Balance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required, by			-			
using EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ons.	3c	\$	0.			
Caution: If you are going to make an electronic funds withdrawa instructions. LHA For Privacy Act and Paperwork Reduction Act Notice		· ·	453-TE ar		879-TE for payment 8868 (Rev. 1-2022)			

# CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

<b>1.General Informat</b>								
For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2022 and Ending (mm/dd/yyyy) 06/30/2023								
Check if Applicable:	Name of Organization:         Employer Identification Number (EIN):           SOHO         BROADWAY         DISTRICT         MANAGEMENT         ASSOCI         47-1044631							
Name Change	Mailing Address:NY Registration Number:594 BROADWAY, NO. 110744-50-15							
Final Filing	City / State / ZIP: NEW YORK, NY	10012		Telephone: 212 390-1131				
Reg ID Pending	Website: SOHOBROADWAY.C	PRG		Email: INFO@SOHOBROADWAY.O				
Check your organization's registration category:	S	only X DUAL (7A &		onfirm your Registration Category in the narities Registry at <u>www.CharitiesNYS.com</u> .				
2. Certification								
See instructions for certif	ication requirements. Imprope	er certification is a violation	of law that may be subject t	to penalties. The certification requires				
two signatories.								
	enalties of perjury that we rev e true, correct and complete i			best of our knowledge and belief, oplicable to this report.				
President or Authorized	Officer:		OFFICER					
	Signature		Print Name	and Title Date				
Chief Financial Officer or	Treasurer:		OFFICER					
	Signature		Print Name	and Title Date				
3. Annual Reporting	g Exemption							
categories (DUAL filers) th additional attachments ar	nat apply to your registration,	complete only parts 1, 2, a	nd 3, and submit the certifie	gory (7A or EPTL only filers) or both ed Char500. No fee, schedules, or e exemption, you must file applicable				
exceed \$2	<u> </u>			vernment agencies, etc. did not aising counsel (FRC) to solicit				
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.								
4. Schedules and A	ttachments							
See the following page for a checklist of schedules and attachments to complete your filing. X Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.								
5. Fee								
See the checklist on the next page to calculate yo	7A filing fee: ur	EPTL filing fee:	Total fee:	Make a single check or money order payable to:				
fee(s). Indicate fee(s) you are submitting here:	\$5.	\$ <u>100.</u>	\$ <u>125.</u>	"Department of Law"				
	r Charitable Organizations (Up fers to an organization's NYS	•	not refer to its IRS tax desig	gnation.				

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Page 1

#### SOHO BROADWAY DISTRICT MANAGEMENT ASSOCIATION INC

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

Annual Filing Checklist

- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3. - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

#### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described If you answered "yes" in Part 4a, submit Schedule 4a: Professional F X If you answered "yes" in Part 4b, submit Schedule 4b: Government	und Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
<ul> <li>Check the financial attachments you must submit with your CHAR500:</li> <li>IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable</li> <li>All additional IRS Form 990 Schedules, including Schedule B (Schedisclosure and will not be available for public review.</li> <li>Our organization was eligible for and filed an IRS 990-N e-postcard. filing year. We have included an IRS Form 990-EZ for state purpose</li> </ul>	Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Cer Review Report if you received total revenue and support greater the X Audit Report if you received total revenue and support greater than If the fiscal year begins before that date, an Audit Report is required No Review Report or Audit Report is required because total revenu We are a DUAL filer and checked box 3a, no Review Report or Audit	an \$250,000 and up to \$1,000,000 1 \$1,000,000 and the fiscal year begins on or after July 1, 2021. d if total revenue and support is greater than \$750,000 e and support is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	<b>7A</b> filers are registered to solicit contributions in New York

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b	а
\$25, if the NET WORTH is less than \$50,000	D
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	E
$oxed{X}$ \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	а
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Ē
50,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	c
\$1500, if the NET WORTH is \$50,000,000 or more	b

#### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

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# CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

# 1. Organization Information Name of Organization: SOHO BROADWAY DISTRICT MANAGEMENT ASSOCIATION INC 44-50-15

#### 2. Government Grants

Name of Government Agency	Amount of Grant
1. THE CITY OF NEW YORK	1. 42,000.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 42,000.

268481 01-24-23 1019 CHAR500 Schedule 4b: Government Grants (Updated January 2022)