## EXTENDED TO MAY 16, 2016

anization Exempt From Income Tax
947(a)(1) of the Internal Revenue Code (except private foundations)

included the security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

ntern			m 990 and its instructions i		_	Inspection			
A F		to give to others <u>JU</u>	JL 1, 2014 and	ending (	<u>JUN 30, 2015</u>				
B c	piicabl Addre	SOHO BROADWAY DISTRICT	MANAGEMENT		D Employer identific	cation number			
-	_chang ]Name _chang				47.1	044631			
	Jchang Ilnitial	·			<del>-</del>	044631			
-	Initial return	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite	<u> </u>				
	Final return, termin	594 BROADWAY		311	212-	390-1131			
	ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$	620,532.			
	Amen	NEW IORK, NI 1001Z			H(a) Is this a group return				
	Application Pending	F Name and address of principal officer:MARI	C DICUS		for subordinates  H(b) Are all subordinates in	? Yes X No			
, T	27 07		◀ (insert no.) 4947(a)(1)	or 527		list. (see instructions)			
		e: SOHOBROADWAY.ORG	4 (MSGIT NO.) 1 4547(a)(1)	0 021					
			ociation Other	I Van	H(c) Group exemption	• • •			
	rt I		Oblation Objet	E Tear	OHORMANON, AULEIN	State of legal domicile: NY			
Га			- 10 II	D OMORIT	a mira transta	מזני אודי			
9	1	Briefly describe the organization's mission or most							
ă		ECONOMIC GROWTH OF A BUSIN	•			· · · · · · · · · · · · · · · · · · ·			
Activities & Governance		Check this box 🕨 🔛 if the organization discon		sed of mor					
ó		Number of voting members of the governing body (				24			
8		Number of independent voting members of the gov				24			
S		Total number of individuals employed in calendar y				0			
₹		Total number of volunteers (estimate if necessary) .				0			
Ş	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12	,		<u> </u>			
	b	Net unrelated business taxable income from Form 9	990-T, line 34	<del></del>	7b	0.			
					Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100.	70,502.			
ᇎ	9	Program service revenue (Part Vill, line 2g)			0.	550,000.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		0.	30.			
<u>~</u>	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)	,,,,,,,,	100.	620 <u>,532</u> .			
	13	Grants and similar amounts paid (Part IX, column (/	۸), lines 1-3)	<b>.</b>	0.	0.			
	14	Benefits paid to or for members (Part IX, column (A	), line 4)		0.	0.			
ø	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)	L	0.	116, <u>500.</u>			
Expenses	16a	Professional fundraising fees (Part IX, column (A), li		<b>I</b>	0.	0.			
bei		Total fundraising expenses (Part IX, column (D), line							
ŭ		Other expenses (Part IX, column (A), lines 11a-11d,			58.	267,222.			
	1	Total expenses. Add lines 13-17 (must equal Part I)			58.	383,722.			
	19	Revenue less expenses. Subtract line 18 from line			42.	236,810.			
<u>~8</u>	-10	Trovolide isse experience sassing in		В	eginning of Current Year	End of Year			
agga	20	Total assets (Part X, line 16)			151,967.	295,957.			
Net Assets or Fund Balances	21				151,925.	59,105.			
e e	22	Net assets or fund balances. Subtract line 21 from			42.	236,852.			
	art II	Signature Block							
Hode	or non	alties of perjury, I declare that I have examined this return,	including accompanying schedul	les and state	ments, and to the best of m	v knowledge and belief, it is			
truo	o hen	ct, and complete. Declaration of preparer (other than office	r) is based on all information of v	vhich prepari	er has any knowledge.				
uue,	GUITE	A AND COMPRETE. DECIGIATION OF PROPERTY (Galler than office	TY IS BELLEVE OF AN ANOTHER OF THE	Titlett project	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·			
٠.		Signature of officer		··	Date				
Sign		l' "	TIAD						
Her	e	MARK DICUS, EXEC DIRECTORY  Type or print name and title	IOR						
			D	_	Date Check	PTIN			
		Print/Type preparer's name	Preparer's signature		04/19/16 if self-employ	'			
Paid			WILLIAM SKODY		Firm's EIN	13-3597814			
	arer		Firm's name SKODY SCOT & CO, CPAS, PC						
Use	Only	Firm's address 520 EIGHTH AVE,			0 01	2 067_1100			
		NEW YORK, NY 100			Phone no. 2 1	.2 967-1100			
May	y the	RS discuss this return with the preparer shown abo	ve? (see instructions)			X Yes No			

	t III Statement of Program Service Accomplishments	=
Fa		7
_	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission:	
	TO FOSTER A UNIQUE, VIBRANT, MIXED-USE DISTRICT WITH ENHANCED	_
	MAINTENANCE AND PUBLIC SAFETY, EFFECTIVE ADVOCACY AND ADMINISTRATION,	_
	TECHNICAL AND PROFESSIONAL SERVICES FOR ITS MEMBERS, AND STRATEGIC	
	CAPITAL IMPROVEMENTS.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	į
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	ı
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service 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 amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 195,721. including grants of \$ 0.) (Revenue \$ 0.	)
-1-2	SANITATION - MAINTAINING CLEAN STREETS/CURBS AND GARBAGE REMOVAL.	•
	DAMITATION MAINTHINING CHEAR DIRECTO, CORDS TARS GRADULES RESTORTED.	-
		-
		-
		_
		-
		_
		_
		_
		Ξ
4b	(Code:) (Expenses \$	)
	ADVOCACY AND COMMUNICATIONS - ENGAGING WITH GOVERNMENT OFFICIALS TO	•
	ADDRESS ISSUES FACING THE SOHO BROADWAY COMMUNITY AND INFORMING	_
	COMMUNITY MEMBERS OF THE LATEST ORGANIZATION AND COMMUNITY ACTIVITIES.	_
	COMMONITI MUMDUMO OL THE DITTED COMMITTED CONTROLLED CONTROLLED	_
		_
		_
		_
		—
		_
		-
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
		_
		_
		_
		_
		-
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 244,101.	_
	Form <b>990</b> (201	— 4)

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### SOHO BROADWAY DISTRICT MANAGEMENT ASSOCIATION INC

Form 990 (2014)

Part 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?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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
C	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
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		[	
	Schedule D, Parts XI and XII	12a	<u> X</u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			**
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7.5
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		v
_	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014) ASSOCIATION INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		İ	
	domestic government on Part iX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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	l		3,5
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	000		х
07	complete Schedule L., Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21	-	
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	·	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	İ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		İ	
	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		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014)

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# Form 990 (2014) ASSOCIATION INC Part 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	.		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ba	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		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- 02		
Ü	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	[	X
	if "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	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	:		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <u>f</u>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	•	7h		
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.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
a	Initiation fees and capital contributions included on Part VIII, line 12	. [		I
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	.		l
11	Section 501(c)(12) organizations. Enter:			ı
	Gross income from members or shareholders	-		ı
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ı
	amounts due or received from them.)		İ	l
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	Į		l
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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.			ŀ
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			ı
	organization is licensed to issue qualified health plans		.	:
	Enter the amount of reserves on hand	445		Х
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	$\dashv$	
a	ii res, has it lieu a rount /20 to report these payments : ii No, provide an explanation in schedule O		990 (	(2014)

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				,		<u> X</u>		
Sec	tion A. Governing Body and Management								
			_	_		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		24					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				- [				
ь	Enter the number of voting members included in line 1a, above, who are independent	1b		24	ĺ				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh								
_	officer, director, trustee, or key employee?				2	x			
3	Did the organization delegate control over management duties customarily performed by or under the			[					
•	of officers, directors, or trustees, or key employees to a management company or other person?				з	- 1	X		
4	Did the organization make any significant changes to its governing documents since the prior Form				4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		X		
6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				6		<u> </u>		
14	more members of the governing body?			-	7a	j	Х		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			···	_				
	persons other than the governing body?			- 1 7	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			¨ ⊢'					
а	The governing body?			ء	3a	х			
a b	Each committee with authority to act on behalf of the governing body?				3b	X			
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-				-				
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F			····	<del></del>				
	The Court of the C					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			1	0a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such or			·· F					
~	and branches to ensure their operations are consistent with the organization's exempt purposes?			11	0ь				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			··· —	1a		<u>x</u>		
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	Ū						
12a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "								
•	in Schedule O how this was done			1	2c	X			
13	Did the organization have a written whistleblower policy?				13	Х			
14	Did the organization have a written document retention and destruction policy?				4		X		
15	Did the process for determining compensation of the following persons include a review and approv								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•			ı			
а	The organization's CEO, Executive Director, or top management official			1	5a	х			
b	Other officers or key employees of the organization				5b		X		
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	ith a			. [			
-	taxable entity during the year?			14	6a		X		
b	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					.	•		
	exempt status with respect to such arrangements?			10	6b				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►NY								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s on	ly) ava	ilabl	e			
	for public inspection, Indicate how you made these available. Check all that apply.	•							
	Own website Another's website X Upon request Other (explain	in Sch	redule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			and fir	nanc	ial			
	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 ar	d records:						
	THE ORGANIZATION - 212-390-1131								
	594 BROADWAY, NO. 311, NEW YORK, NY 10012		·						
				Е	orm	990 (	2014)		

Form 990 (2014)

# 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 Vil

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)		Institutional frustee	Officer	Kay employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD BENENSON	1.00									•
TREASURER	1 00	X		Х				0.	0.	0.
(2) KEITH COLTON	1.00	7,7								0
DIRECTOR	1 00	X		<u> </u>	_	<u> </u>		0.	0.	0.
(3) CORY ELBAUM	1.00	x						0.	0.	0.
DIRECTOR	1.00	^				$\vdash$	┢	0.	<u> </u>	
(4) JARED EPSTEIN DIRECTOR	1.00	х						o.	0.	0.
(5) WARREN LESHEN	1.00	23							· ·	
DIRECTOR		x						0.	0.	0.
(6) RICHARD PIERPOINT	1.00									-
DIRECTOR		Х						0.	0.	0.
(7) BRIAN STEINWURTZEL	1.00			·					· · · -	
PRESIDENT		X		X				0.	0.	0.
(8) ANDREW BROWN	1.00									
DIRECTOR		X						0.	0.	0.
(9) PAUL FARR	1.00									
VICE PRESIDENT		X		X				0.	0.	0.
(10) EMILY HELLSTROM	1.00	]							_	
VICE PRESIDENT		X	_	Х				0.	0.	0.
(11) RICHARD LEHRER	1.00							_	_	_
DIRECTOR	1 00	X		-				0.	0.	0.
(12) MARY ROLLAND	1.00	.,							0	0
DIRECTOR	7 00	X						0.	0.	0.
(13) KATY RICE	1.00	х		Ì				o.	ο.	0.
DIRECTOR	1.00	Λ		-		_		0.	0.	<u> </u>
(14) RONNIE WOLF DIRECTOR	1.00	х						0.	ο.	0.
(15) JAMES CAVELLO	1.00	-22							<u> </u>	
DIRECTOR	1.00	x						0.	0.	0.
(16) LEE LESHEN	1.00						_		0.	
DIRECTOR		x						0.	ا. ه	0.
(17) JOHN PASQUALE	1.00						_			<del></del>
DIRECTOR		х						0.	0.	0,
420007 11 07 14										Form <b>990</b> (2014)

432007 11-07-14

Form 990 (2014)

Form 990 (2014)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	iH t	ghe	st C	Compensated Employe	es (continued)		
(A)	(B)	(C)						(D)	(E)		(F)
Name and title	Average	(do	nat d	Posi teck a			one	Reportable	Reportable	1 "	imated
	hours per	kod	, unles cer an	ss per	rson i	is bot	h an	1	compensation	1	ount of
	week (list any						100,	from the	from related organizations	1	ther ensation
	hours for	direct				Ē		organization	(W-2/1099-MISC)		m the
	related	10 33	ıstee			asate		(W-2/1099-MISC)	,	orga	nization
	organizations	ifus	nal fr.		oyee	id a					related
	below	Individual trustee or director	nstitutional Irustee	Officer	Key employee	Highest compansated employee	Former			orgar	nizations
	line)	르	≅	5	ê	픚틆	æ				
(18) CORINNE COLEN	1.00		•						^		0
DIRECTOR	1 00	X				1	<u> </u>	0.	0.	<del> </del>	0.
(19) PETER DAVIES	1.00								^		0.
DIRECTOR	1 00	X			_			0.	0.	+-	
(20) KIT FINE	1.00							0.	0.		0.
DIRECTOR	1 00	Х	-					0.		+	
(21) BILL DE BLASIO	1.00							0.	0.		0.
DIRECTOR	1 00	X				┢	-		<u>U -</u>	<del></del>	
(22) SCOTT M. STRINGER	1.00	х						0.	٥.		0.
DIRECTOR	1 00	^			<b>-</b>		├			┼	U •
(23) GALE A. BREWER	1.00	x			ŀ			0.	0.		0.
DIRECTOR	1.00	^	├			<u> </u>		- 0 •		<del> </del>	<u>.</u>
(24) MARGARET CHIN	1.00	x						0.	0.		0.
DIRECTOR	35.00	^					-			<del>                                     </del>	
(25) MARK DICUS	33.00			x			ļ	0.	0.	24	1,923.
EXEC DIRECTOR	-	$\vdash$	-			<del> </del>	一			<del>                                     </del>	-, - <u> ·</u>
		1									
1b Sub-total	<u> </u>	·		<b></b>	1		<b></b>	0.	0.	2.4	1,923.
c Total from continuation sheets to Part V								0.	0.		0.
d Total (add lines 1b and 1c)								0.	0.	24	1,923.
Total number of individuals (including but r	ot limited to th	iose	liste	ed al	bov	e) w	no r	received more than \$100	0,000 of reportable		
compensation from the organization						•					0
											Yes No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	у ег	nplo	yee	, or	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the si										<b>i</b>	
and related organizations greater than \$15										4	X
5 Did any person listed on line 1a receive or									idual for services		
rendered to the organization? If "Yes," con	plete Schedul	e J	for s	uch	pen	son				5	X
Section B. Independent Contractors						_					
1 Complete this table for your five highest co										sation fr	om
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithi	n the organization's tax	year.		
(A)								(B)		(C)	
Name and business	address	N	ONI	₹				Description of s	services	Compen	
									· · · · · · · · · · · · · · · · · · ·		
•											
									-		
2 Total number of independent contractors (	including but r	not I	mite	d to	tho	se li	ste	d above) who received n	nore than		
\$100,000 of compensation from the organ						0					
										Form \$	990 (2014)

Form	990 (	(2014) ASSOC	I MOITAL		1 MANAGEME	141	47-104	4631 Page <b>9</b>
Pa	t VII	II Statement of Rever	ıue					
		Check if Schedule O cont	ains a respon <u>se</u>	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gransimilar amounts not included above to the contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e is, and ive 1f 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12,627. 57,875.	70,502.	·		
8	2 a	ASSESSMENT REVE	NUE	900099	550,000.	550,000.		
Program Service Revenue	b d e f							
		Total. Add lines 2a-2f			550,000.			
	3 4 5	Investment income (including other similar amounts) Income from investment of ta: Royalties	x-exempt bond p	proceeds	30.			30.
-	6 a b	•	(i) Real	(ii) Personal		·		
		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				·
	c	Less: cost or other basis and sales expenses						
venue		Net gain or (loss)     Gross income from fundraisin including \$     contributions reported on line	g events (not					
Other Revenue	c	Part IV, line 18	a bdraising events					
	b	Gross income from gaming ac Part IV, line 19	a	· []				
	b	and allowances Less: cost of goods sold Net income or (loss) from sale	a					
		Miscellaneous Revenu		Business Code	· ··			
	11 a	I						
						T .		

620,532.

550,000

d All other revenue .....

e Total. Add lines 11a-11d

Form 990 (2014) ASSOCIATION INC
Part IX Statement of Functional Expenses

ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	<b>(D)</b> Fundraising
		expenses	general expenses	expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21			······	
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
-				
individuals. See Part IV, lines 15 and 16				<del></del>
Benefits paid to or for members			<u> </u>	
,		45 050	21 001	
trustees, and key employees	79,754.	47,853.	31,901.	
-				
-		4 044	2 220	<u> </u>
	8,073.	4,844.	3,229.	
· i		1		
, ,	10 000	45 456	7 605	
•				
Payroll taxes	9,612.	5,767.	3,845.	
Fees for services (non-employees):				
_		·		
Legal	10 000		10 000	<u> </u>
Accounting		<del></del>		<del></del>
	452.	<del></del> .	404.	
	<u></u>		-	
· ·				
	153 065	140 245	4 920	
	153,265.	148,345.	4,340.	<del></del>
	15 015		15 015	
·	15,013.	<u> </u>	13,013.	
	<del></del>			
		<u> </u>	383	
Travel				
	1			
-	<del></del>			
· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>		<u> </u>
Interest				
, , , , , , , , , , , , , , , , , , , ,	56 707		56 787	
Insurance	4,004.	<u> </u>	2,0041	:
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
amount, list line 24e expenses on Schedule 0.)	10 020	18 030		
		0,320.	2.580	
TRAVEL AND MEETINGS	4,300.	·	2,300.	· · · · · · · · · · · · · · · · · · ·
		<u> </u>		
	202 722	244 101	139 621	0
	303,144.	74711VI+	100,021	
. —				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  Other employee benefits  Payroli taxes  Fees for services (non-employees):  Management  Legal  Accounting  Lobbying  Professional fundraising services. See Part IV, line 17 investment management fees  Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  Advertising and promotion  Office expenses  Information technology  Royalties  Occupancy  Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  Payments to affiliates  Depreciation, depletion, and amortization  Insurance  Other expenses. Itemize expenses not covered above. If ist miscellaneous expenses in line 24e. If line	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(6)(3)(8) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payrolit taxes 9,612. Fees for services (non-employees): Management Legal Accounting Lobbying 10,000. Lobbying 10,000. Lobbying 10,000. Lobbying 10,000. Lobbying 10,000. Lobbying 10,000. Lobbying 11,000. Lobbying 15,015. Linformation transagement fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses 15,015. Information technology Royalties Coccupancy 17ravel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 1, 184. Legal Repenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule (A) Reported to repenses Legal Repulpment Reported in column (B) point costs from a combined educational expenses. Add lines 1 through 24e  Joint costs. Complete this enonly if the organization reported in column (B) point costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 988-720)	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Banefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f(1)) and persons described in section 4958(f(1)) and 4952.  Professional fundraising seveness on School of the 452.  Professional fundraising seveness on School of 452.  Professional fundraising seveness on School of 452.  Professional fundraising seveness on School of 452.  Professional fundraising seveness on School of 452.  Professional fundraising seveness on School of 452.  Professional fundraising seveness on School of 452.  Professional fundraising seveness on School of 452.  Professional fundraising seveness on School of 452.  Professional fundraising seveness on School of 452.  Professional fundraising seveness on School of 452.  Professional fundraising seveness on School of 452.  Professional fundraising seveness on School of 452.  P	Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, lines 15 and 16 Banefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of secretary directors, and wages Persion plan accruels accruels and wages Persion plan accruels accruels and wages Persion plan accruels accruels and wages Persion plan accruels accruels accruels accruels accruels accruels accruels accruels accruels accruels accruels account accruels accruels accruels accruels accruels account accruels accruels accruels accruels account accruels accruels accruels accruels accruels accruels account accruels

	tΧ	Balance Sheet					<u></u>
		Check if Schedule O contains a response or not	te to any	ine in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			42.	1	62,148
	2	Savings and temporary cash investments				2	100,030
	3	Pledges and grants receivable, net				3	12,627
	4	Accounts receivable, net			4	•	
	5	Loans and other receivables from current and for					
	•	trustees, key employees, and highest compens				1	
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
	٠	section 4958(f)(1)), persons described in section					
ļ		employers and sponsoring organizations of sec				.	
.		employees' beneficiary organizations (see instr)				6	
	_	Notes and loans receivable, net		1	· · · · · ·	7	
clock	7		1		8	-	
•	8	Inventories for sale or use		·	9	2,843	
	9	Prepaid expenses and deferred charges	 I I				2,040
	10a	. 2 . , ,	40-	175 006		1	
		basis. Complete Part VI of Schedule D	10a	175,096. 56,787.	O	10c	118,309
	l .	Less: accumulated depreciation					110,309
	11	Investments - publicly traded securities		11	<del></del> .		
	12	Investments - other securities. See Part IV, line	,,			12	
	13	Investments - program-related. See Part IV, line	i	<u> </u>	13	<del></del>	
	14	Intangible assets		1	151 025	14	C
	15	Other assets. See Part IV, line 11			151,925.	15	295,957
	16	Total assets. Add lines 1 through 15 (must equ			<u> 151,967.</u>	16	
	17	Accounts payable and accrued expenses		17	46,405		
	18	Grants payable		18	·		
	19	Deferred revenue			<u> </u>	19	
į	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
9	22	Loans and other payables to current and forme					
LIADIII		key employees, highest compensated employee	es, and d	isqualified persons.			
9		Complete Part II of Schedule L	•••••			_22	
j	23	Secured mortgages and notes payable to unrel	ated third	parties		23	
ļ	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24).	Complete Part X of			
		Schedule D			151,925.	25	12,700
	26	Total liabilities. Add lines 17 through 25			<u> 151,925.</u>	26	<u>59,105</u>
		Organizations that follow SFAS 117 (ASC 956	3), check	here X and			
9		complete lines 27 through 29, and lines 33 ar					
2	27	Unrestricted net assets			42.	27	236,852
	28	Temporarily restricted net assets		3		28	
3	29					29	
5	1	Organizations that do not follow SFAS 117 (A			:		
5	1	and complete lines 30 through 34.			•		
3	30	Capital stock or trust principal, or current funds				30	
Net Assets of Fully balances	31	Paid-in or capital surplus, or land, building, or ea				31	
ξ	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances			42.	33	236,852
	34	Total liabilities and net assets/fund balances			151,967.	34	295,957

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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)	Pai	t XI Reconciliation of Net Assets						
2 Total expenses (must equal Part IX, column (A), line 25) 2 38.3,722. 3 Revenue less expenses. Subtract line 2 from line 1 3 236,810. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1 4 2.  Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vet assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 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 in Schedule C. 2a Were the organization's linancial statements compiled or reviewed by an independent accountant? Yes No 11 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 12 Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 13 Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: 14 Fives," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 15 Fives, but be a consolidated basis Both consolidated and separate basis Consolidated basis, or both: 16 Fives, but be a consolidated basis Both consolidated and separate basis Consolidated basis are committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 16 Fives, but be a consolidated basis and selection of an independent accountant? 17 Fives, but be a consolidated basis and selection of an independent accountant? 18 Fives, but be a consolidate		Check if Schedule O contains a response or note to any line in this Part XI						
2 Total expenses (must equal Part IX, column (A), line 25) 2 38.3,722. 3 Revenue less expenses. Subtract line 2 from line 1 3 236,810. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1 4 2.  Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vet assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 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 in Schedule C. 2a Were the organization's linancial statements compiled or reviewed by an independent accountant? Yes No 11 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 12 Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 13 Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: 14 Fives," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 15 Fives, but be a consolidated basis Both consolidated and separate basis Consolidated basis, or both: 16 Fives, but be a consolidated basis Both consolidated and separate basis Consolidated basis are committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 16 Fives, but be a consolidated basis and selection of an independent accountant? 17 Fives, but be a consolidated basis and selection of an independent accountant? 18 Fives, but be a consolidate								
Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Net unrealized gains (losses) on investments  Net unrealized gains (losses) on investments  Prior period adjustments  Prior period adjustments  Net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XIII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  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 in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis.  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis.  If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis.  If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  As a result of a federal award, was	1							
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		or audits, explain why in Schedule O and describe any steps taken to undergo such audits			gan	(2014)		

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

Employer identification number Name of the organization SOHO BROADWAY DISTRICT MANAGEMENT 47-1044631 ASSOCIATION INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) я An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (vi) Amount of (iii) Type of organization (v) Amount of monetary (i) Name of supported (iii) EIN listed in your (described on lines 1.9) organization support (see other support (see governing document? above or IRC section Instructions) Instructions) No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 ASSOCIATION INC

47-1044631 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ➤	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				100.	70,502.	70,602.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					550,000.	550,000.
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				100.	620,502.	620,602.
	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)						1,262.
6	Public support. Subtract line 5 from line 4.						619,340.
	ction B. Total Support		<u> </u>	. <u>t.</u> .			
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,	, ,	100.	620,502.	620,602.
	Gross income from interest,				-		
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					30.	30.
a	Net income from unrelated business						-
J	activities, whether or not the						
	business is regularly carried on						
40	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	,					620,632.
	Gross receipts from related activities,	etc. (see instruction	ons)	·		12	
	First five years. If the Form 990 is for		,				
10	organization, check this box and stop						<b>▶</b> X
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (i	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2013	•	•			15	%
	33 1/3% support test - 2014. If the c					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the c						
_	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test						
~	more, and if the organization meets the						
	organization meets the *facts-and-circ						
18	Private foundation. If the organization						
.0	THE TOURISH OF THE ORIGINATION	Sig Hot officer a	227, 27, 270			dule A (Form 990	

432022 09-17-14

# Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support	ion, picase com	picto ( art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	, <u>, , , , , , , , , , , , , , , , , , </u>	127	137			
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,				<del>                                     </del>	-	
merchandise sold or services per-			ļ			
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose			· · · · · · · · · · · · · · · · · · ·			
3 Gross receipts from activities that			E	1		
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-			ļ			
ization's benefit and either paid to						
or expended on its behalf					ļ	
5 The value of services or facilities						
furnished by a governmental unit to			1			
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 Public support (Subtractline 7c from line 6.)						
Section B. Total Support				· · · · · · · · · · · · · · · · · · ·		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	(4) ==	12) 13	(-,	, , , , , , , , , , , , , , , , , , ,	1	
10a Gross income from interest,						"
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income			· <del>-</del>			
(less section 511 taxes) from businesses						
acquired after June 30, 1975				-		
c Add lines 10a and 10b			<del></del>			
11 Net income from unrelated business activities not included in 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.)		ļ <u></u>	ļ	ļ <u>-</u>		
13 Total support. (Add lines 9, 10c, 11, and 12.)				·		
14 First five years. If the Form 990 is for	the organization'	's first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here				,		<u>,,.</u>
Section C. Computation of Public	s Support Pe	ercentage				
15 Public support percentage for 2014 (lin	ne 8, column (f) d	divided by line 13, o	column (f))		15	<u>%</u>
16 Public support percentage from 2013			· · · · · · · · · · · · · · · · · · ·		16	%
Section D. Computation of Inves	tment Incom	ne Percentage				
17 Investment income percentage for 20	i4 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					I	<u>%</u>
19a 33 1/3% support tests - 2014. If the	organization did	not check the box				7 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2013. If the						
line 18 is not more than 33 1/3%, chec						
20 Private foundation, If the organization						<b>▶</b> □
20 ( HVate Touridation, it the Organization	a.a not oncor a	Service of the servic	<u> </u>		hadule & (Form 99	0 or 990-E71 2014

### Part IV Supporting Organizations

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

Sec	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.) tion A. All Supporting Organizations			
<u>000</u>	HOIT A. All Cupporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		1.00	-110
•	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
Зa	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		1	
Ou	(b) and (c) below.	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
~	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
•	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		T	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b_		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c	<u> </u>	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	ļ		
	designated in the organization's organizing document?	5b	<u> </u>	<b> </b> -
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	<u>9a</u>		
þ		- AL-		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	+	
¢	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	0-		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<del> </del>	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	40-		
	organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	1

Schedule A (Form 990 or 990-EZ) 2014

10b

determine whether the organization had excess business holdings.)

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b | Schedule A (Form 990 or 990-EZ) 2014

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

### SOHO BROADWAY DISTRICT MANAGEMENT

Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or	st on N	Nov. 20, 1970. <b>See inst</b> ru	(B) Current Year (optional)
other Type III non-functionally integrated supporting organizations must completion A - Adjusted Net Income  Net short-term capital gain Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or	1 2 3 4 5 6 7	ctions A through E.	(B) Current Year
Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or	1 2 3 4 5		' '
Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or	2 3 4 5 6 7	(A) Prior Year	' '
Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or	2 3 4 5 6 7		
Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or	3 4 5 6 7		
Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or	6 7		
Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or	6 7		
Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or	6 7		
collection of gross income or for management, conservation, or	7		
collection of gross income or for management, conservation, or	7		
- · · · · · · · · · · · · · · · · · · ·	7		
maintenance of property field for production of income (see instructions)	_		
	8		
ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
	1a		
	1b		
	1c		
	1d		
Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	·	
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7	<u></u>	
Minimum Asset Amount (add line 7 to line 6)	8		
ion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		·
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4	<u></u>	<u> </u>
Income tax imposed in prior year	5		
Distributable Amount, Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functionally-int	tegrate	ed Type III supporting org	janization (see

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 ASSOCIATION INC

47-1044631 Page 7

Par	t V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex		·	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported	,	
	organizations, in excess of income from activity			<u></u>
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	<u>-</u>		
	Total annual distributions. Add lines 1 through 6.		<u> </u>	·
	Distributions to attentive supported organizations to which	the organization is responsive		•
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<del></del>		
		(1)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		1	Pre-2014	Amount for 2014
	Distributable amount for 2014 from Section C, line 6			<u> </u>
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			······································
3	Excess distributions carryover, if any, to 2014:		·	
a	<u> </u>			·
b.			· <u></u>	
Ç	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
d		·		<u>-</u>
	From 2013			
	Total of lines 3a through e			<u> </u>
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>!</u> -	Carryover from 2009 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2014 from Section D,			
4	•	•	·	
	line 7: \$ Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			<del>-</del>
5	Remaining underdistributions for years prior to 2014, if			
•	any. Subtract lines 3g and 4a from line 2 (if amount	·		
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
-	and 4c			
8	Breakdown of line 7:			·
a				
b				
c				
	Excess from 2013			
	Excess from 2014			
		_ :	Schodule A i	Form 990 or 990-EZ) 2014

# SOHO BROADWAY DISTRICT MANAGEMENT Schedule A (Form 990 or 990-EZ) 2014 ASSOCIATION INC 47-1044631 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2014

Name of the organization

SOHO BROADWAY DISTRICT MANAGEMENT ASSOCIATION INC

Employer identification number

47-1044631

Organization type (check one): Section: Filers of: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not 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 filling 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 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 or 990-EZ), 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, II, and III. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

SOHO BROADWAY DISTRICT MANAGEMENT

ASSOCIATION INC

Employer identification number

47-1044631

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		* <b>*</b>	
(a) No. rom 'art í	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Employer identification number Name of organization SOHO BROADWAY DISTRICT MANAGEMENT 47-1044631 SSOCIATION INC Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year, (Enter this info. ence.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

• Continue (Calle)(4) (E) as (S) assentations: Complete Bert III

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	e of orga	nization SOHO BR	OADWAY DISTRICT	MANAGEMENT	Empl	oyer identification number
		ASSOCIA	TION INC			47-1044631
Pai	rt I-A	Complete if the org	anization is exempt un	der section 501(c	) or is a section 527 o	rganization.
2	Political o	expenditures r hours	ation's direct and indirect polit		<b>≻</b> \$	
	rt I-B	Complete if the org	janization is exempt un	der section 501(c)	)(3).	
1	Enter the	amount of any excise tax	incurred by the organization ur	nder section 4955	<b>&gt;</b> \$	
			incurred by organization mana			
			n 4955 tax, did it file Form 472			
				,		Yes No
	rt I-C	describe in Part IV.  Complete if the ord	janization is exempt un	der section 501(c)	except section 501	c)(3).
			by the filing organization for s			
			ization's funds contributed to o			
		<b>*</b> -		-		
3	Total exe	mot function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-PO	L.	
4	Did the fi	ling organization file Form	1120-POL for this year?			Yes No
			nployer identification number (E			
			tion listed, enter the amount pa			
			omptly and directly delivered to			
	political a	action committee (PAC). If	additional space is needed, pro	vide information in Par	t IV.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
•						
			•			
				<del>- </del> -	<u> </u>	

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14 SOHO BROADWAY DISTRICT MANAGEMENT

o. //	CCOCTAMI	ON INC		47-1	L0446 <u>31 Page 2</u>
Part II-A   Complete if the orga	nization is	exempt under section	n 501(c)(3) and file	d Form 5768 (e	election under
section 501(h)).			, , , ,	·	
	on belongs to a	n affiliated group (and list in	Part IV each affiliated o	roup member's nan	ne, address, EIN,
expenses, and share			•	,	
		A and "limited control" pro	ovisions apply.		
Limits	on Lobbying E			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public onin	ion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influe					
er a sant de la Companya de del Rec					
d Other exempt purpose expenditures			ı		
e Total exempt purpose expenditures				·	
f Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or		e lobbying nontaxable am	11		
Not over \$500,000		% of the amount on line 1e			
Over \$500,000 but not over \$1,000,		00,000 plus 15% of the exc		•	
Over \$1,000,000 but not over \$1,000,		75,000 plus 10% of the exc			
		25,000 plus 5% of the exce		•	
Over \$1,500,000 but not over \$17,0		.000,000 pida 570 of the exec	, , , , , , , , , , , , , , , , , , ,		
Over \$17,000,000					
g Grassroots nontaxable amount (ent	er 25% of line 1	f)			
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zero	on either line	h or line 1i, did the organiz	ation file Form 4720	<u> </u>	
reporting section 4911 tax for this y	ear?				Yes No
	4-Yea at made a sect See the s	r Averaging Period Under ion 501(h) election do not eparate instructions for li	r section 501(h) : have to complete all c nes 2a through 2f.)		below.
	Lobbying I	expenditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) ⊺otal
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))	·				
				^	
f Grassroots lobbying expenditures				0	•

Schedule C (Form 990 or 990-EZ) 2014

47-1044631 Page 3

Schedule C (Form 990 or 990-EZ) 2014 ASSOCIATION INC 47-104463

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)).

r each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(2	3)	(t	) <u> </u>
the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or				_
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?	.	x		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1))?		х		
c Media advertisements?	į.	Х		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?	1	Х		•
f Grants to other organizations for lobbying purposes?	1	Х		•••
and the state of t		Х		•
p Direct contact with legislators, their starts, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?			-	452
				452
j Total. Add lines 1c through 1i		х	-	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)	(5), or se	ction	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
501(c)(6)			Yes	No
and the second s		4		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?      Did the organization agree to carry over lobbying and political expenditures from the prior year?	tion 501(c	2 3 )(5), or se	ection t III-A, lis	ne 3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	tion 501(c) ed "No," O	2 3 )(5), or se R (b) Par	ection t III-A, lis	ne 3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	tion 501(c) ed "No," O	2 3 )(5), or se R (b) Par	ection t III-A, lii	ne 3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).	tion 501(c) ed "No," O	2 3 )(5), or se R (b) Par	ection t III-A, lis	ne 3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pole expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	tion 501(c) ed "No," O	2 3 )(5), or se R (b) Par 1 2a 2b 2c	ection t III-A, in	ne 3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  In the organization agree to carry over lobbying and political expenditures from the prior year?  Solic)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polymenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures from the prior year?  Did the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures from the prior year?  Did the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures from the prior year?  Did the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures from the prior year?  Did the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures from the prior year?	etion 501(c) ed "No," O	2 3 )(5), or se R (b) Par 1 2a 2b 2c 3	ection t III-A, lis	ne 3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexies for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grostructions); and Part II-B, line 1. Also, complete this part for any additional information.  ART II-B, LINE 1, LOBBYING ACTIVITIES:	ed "No," O litical excess d political expected political	2 3 )(6), or se R (b) Par 1 2a 2b 2c 3	and 2 (see	ne 3, it
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pole expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated great rections); and Part II-B, line 1. Also, complete this part for any additional information.  ART II-B, LINE 1, LOBBYING ACTIVITIES:  THE ORGANIZATION THROUGH ANOTHER MEMBERSHIP ORGANIZATION THROUGH ANOTHER MEMBERSHIP ORGANIZATION THROUGH ANOTHER MEMBERSHIP ORGANIZATION.	ed "No," O litical excess d political expected political	2 3 )(6), or se R (b) Par 1 2a 2b 2c 3	and 2 (see	ne 3, it
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### SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

2014
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

SOHO BROADWAY DISTRICT MANAGEMENT Empl.

Employer identification number

47-1044631 <u>ASSOCIATION INC</u> Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located > \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$\_\_\_\_\_ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X \_\_\_\_\_\_

Schedule D (Form 990) 2014

	(check all that apply):			_						
а	Public exhibition	d		Loan or exc	change programs					
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how	they further	the organization's	exemp	t purpose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, I	nistorical trea	asures, or other sin	nilar as	sets			
_	to be sold to raise funds rather than to be ma						· · · · · · · · · · · · · · · · · · ·	Yes		No
Par	t IV Escrow and Custodial Arran							ine 9, or		
	reported an amount on Form 990, Par	-		-						
1a	is the organization an agent, trustee, custodi						1	٦٧		No
	on Form 990, Part X?						∟	Yes	Ц.,	סאו ר
þ	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing	table:						
								Amount	-	
С	Beginning balance	•••••			••••		10			
	Additions during the year						1d	· ·		
e	Distributions during the year			• • • • • • • • • • • • • • • • • • • •	.,		1e			
f	Ending balance						1f	<del></del>	_	7
	Did the organization include an amount on F						?∟	_ Yes	$\vdash$	_] No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	f the organization ans								
		(a) Current year	(b)	Prior year	(c) Two years bad	k (d)	Three years back	(e) hour	years	раск
1a	Beginning of year balance					-				
	Contributions					-				
	Net investment earnings, gains, and losses					_	. <u> </u>			
þ	Grants or scholarships				<del></del>	<del></del>				
ę	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance	e (line	1g, column i	(a)) held as:					
а	Board designated or quasi-endowment	···	_%							
b	Permanent endowment	<u></u> %								
C	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion ti	nat are held	and administered f	or the	organization			,
	by:								Yes	No
	(i) unrelated organizations			.,	***************************************			3a(i)		
	(ii) related organizations				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3a(ii)		
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required or	Sch	edule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wmen	t funds.						
Par	t VI Land, Buildings, and Equipm									
· · · · · ·	Complete if the organization answere	d "Yes" to Form 990,	Part	V, line 11a. 9	See Form 990, Part	t X, line	10.			
	Description of property	(a) Cost or ot					mulated	(d) Boo	k valu	e
	bodonpasti st property	basis (investm			(other)		ciation			
10	Land	<del>.</del>		1			· -			
_	Buildings									
b	Leasehold improvements				<u>'</u>					-
		!		٠ .	13,419.		2,895.	1	0,5	24.
	Equipment	l l			61,677.	5	3,892.	10		85.
	Other . Add lines 1a through 1e. (Column (d) must e	ouel Form 990 Port \	X col				<u> </u>		8,3	
Lotal	i, Add lines Ta through Te. (Column (o) must e	quai roini 330, ran i	~, <i>GUI</i> (	non (D), mie	1004		Schedule	•••••		
							Scriedule	(1 (11)	. 550,	, 20 1-

47-1044631 Page 3

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Α	88	CH'	וידים	ON	TNC

art VII Investments - Other Securities.	INC		
Complete if the organization answered "Yes" t	o Form 990, Part IV, line	11b. See Form 990, Part X, lin	e 12.
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(8)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, lîne	11c. See Form 990, Part X, lin	e 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			·
(2)			
(3)			
(4)	· ·		
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Part IX Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part X, lin	ne 15.
Complete if the organization answered "Yes"	to Form 990, Part IV, line Description	11d. See Form 990, Part X, li	ne 15. (b) Book value
Complete if the organization answered "Yes"		11d. See Form 990, Part X, lir	ne 15. (b) Book value
Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, lir	ne 15. (b) Book value
Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, lir	ne 15. (b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)		11d. See Form 990, Part X, lin	ne 15. (b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)		11d. See Form 990, Part X, lir	ne 15. (b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, lir	ne 15.  (b) Book value
(1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, lin	ne 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, lin	ne 15. (b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)		11d. See Form 990, Part X, lin	ne 15.  (b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	Description		ne 15. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		ne 15. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Ital. (Column (b) must equal Form 990, Part X, col. (B) lime Part X  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description	11e or 11f. See Form 990, Pa	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes	Description	11e or 11f. See Form 990, Pa	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2) DUE TO PROPERTY OWNERS	Description	11e or 11f. See Form 990, Pa (b) Book value	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) lime art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2) DUE TO PROPERTY OWNERS  (3)	Description	11e or 11f. See Form 990, Pa (b) Book value	(b) Book value
Complete if the organization answered "Yes"  (a)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2) DUE TO PROPERTY OWNERS  (3)  (4)	Description	11e or 11f. See Form 990, Pa (b) Book value	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2) DUE TO PROPERTY OWNERS  (3)  (4)  (5)	Description	11e or 11f. See Form 990, Pa (b) Book value	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2) DUE TO PROPERTY OWNERS  (3)  (4)  (5)	Description	11e or 11f. See Form 990, Pa (b) Book value	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2) DUE TO PROPERTY OWNERS  (3)  (4)  (5)  (6)  (7)	Description	11e or 11f. See Form 990, Pa (b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUE TO PROPERTY OWNERS (3) (4) (5) (6) (7) (8)	Description	11e or 11f. See Form 990, Pa (b) Book value	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line  art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2) DUE TO PROPERTY OWNERS  (3)  (4)  (5)  (6)  (7)	e 15.) to Form 990, Part IV, line	11e or 11f. See Form 990, Pa (b) Book value	(b) Book value

ASSOCIATION INC

Par	t XI Reconciliation of Revenue per Audited Financial		neveriue per no	turn.	
	Complete if the organization answered "Yes" to Form 990, Part				635,212.
1	Total revenue, gains, and other support per audited financial statement	is		1	033,414.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.01			
а	Net unrealized gains (losses) on investments		14,680.		
p			14,000.		
C		1 1		. '	
đ	- · · · · · · · · · · · · · · · · · · ·			2e	14,680.
6	•			3	620,532.
3	Subtract line 2e from line 1			-	020/552.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 40 1			
а	•			.	
þ				4c	0.
C				5	620,532.
5 Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, liret XII Reconciliation of Expenses per Audited Financia	al Statements With	Expenses per		
Pa	Complete if the organization answered "Yes" to Form 990, Part				••
				1	398,402.
1	Total expenses and losses per audited financial statements				330,1021
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	14,680.		
a	*****			i	
b	, , , , , , , , , , , , , , , , , , , ,				
C		***************************************			
d				2e	14,680.
·е 3	Subtract line 2e from line 1			3	383,722.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Line to dead on Francisco Control Sept 7th	4a		1	
	( )ther (Liescrine in Mart XIII )	( 40 )			
b				4c	
c	Add lines 4a and 4b	• • • • • • • • • • • • • • • • • • • •		4c 5	383,722.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information.	line 18.)		5	383,722.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.
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5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.
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5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Irt XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b	and 2b; Part V, line 4	5	383,722.

### **SCHEDULE O**

(Form 990 or 990-EZ)

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 990-EZ.

2014
Open to Public

Inspection |

a.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 SOHO BROADWAY DISTRICT MANAGEMENT Emplo

ASSOCIATION INC

Employer identification number 47-1044631

COMPENSATION TO STAFF

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

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

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization SOHO BROADWAY DISTRICT MANAGEMENT ASSOCIATION INC	Employer identification number 47-1044631
THE ORGANIZATION USED A PEO-PAYROLL PROCESSING COMPANY TO	PROVIDE
WAGES, BENEFITS AND HUMAN RESOURCE FUNCTIONS FOR ITS EMPL	OYEES. AS
SUCH, SALARIES ARE REPORTED BY THE PEO-PAYROLL PROCESSING	COMPANY TO
THE VARIOUS AGENCIES.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS - SANITATION:	
PROGRAM SERVICE EXPENSES	142,195.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	142,195.
CONSULTANTS - ADVOCACY & COMMUNICATION:	
PROGRAM SERVICE EXPENSES	6,150.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	
TOTAL EXPENSES	6,150.
CONSULTANTS - OTHER:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,920.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	<u>153,265.</u>

2014 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

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Current Year Deduction	AND THE PROPERTY OF THE PROPER	529.	2,366.	2,895.		1,058.	52,834.	53,892.	56,787.							ization Deduction
Current Sec 179		•		0.				0	0.							mercial Revital
Accumulated Depreciation				0				0.	0					·		* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Basis For Depreciation		1,587.	11,832.	13,419.		3,175.	158,502.	161,677.	175,096.							, Section 179, Sal
Reduction In Basis				0				0	0							эш *
Bus % Excl											_			•	•	
Unadjusted Cost Or Basis		1,587.	11,832.	13,419.	·	3,175.	158,502.	161,677.	175,096.							(D) - Asset disposed
No.		16	16			16	16					 				ė
Life		3.00	5.00			3.00	3.00									
Method		SL	Sī			SL	SL								• •	
Date Acquired		102014SL	123114SL	-		063014SL	063015SL		<u></u>							
Description	MACHINERY & EQUIPMENT	1COMPUTER	ZGIS BASE MAP	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM MANAGEMENT AND	GENERAL ORGANIZATIONAL	3COSTS	`	PAGE 10 MENT AND	* GRAND TOTAL 990 PAGE 10 DEPR					 		
Asset No.		<u>п</u>				1.1	7				 		· · · · ·			428102 05-D1-14

⊢∧rm Զ۶	68 (Rev. 1-2014)					Page 2		
	are filing for an Additional (Not Automatic) 3-Month E	xtension, c	complete only Part II and check this	box		<b>&gt;</b> [X]		
	nly complete Part II if you have already been granted an							
	are filing for an Automatic 3-Month Extension, compl	lete only Pa	rt I (on page 1).			· · · · · · · · · · · · · · · · · · ·		
Part		Extension	n of Time. Only file the origin	al (no co	opies need	ded).		
			Enter filer's	identifyin	g number, s	ee instructions		
Type or	Name of exempt organization or other filer, see instr	ructions.		Employer	identification	n number (EIN) or		
print	SOHO BROADWAY DISTRICT MANA	AGEMEN'	r					
File by the	ASSOCIATION INC	47- <u>1044631</u>						
due date f	Number, street, and room or suite no. If a P.O. box,	see instruc	tions.	Social se	curity numbe	r (SSN)		
filing your return. Sec	594 BROADWAY, NO. 311							
instruction	City, town or post office, state, and zir code. For a	foreign add	ress, see instructions.					
	NEW YORK, NY 10012		<u> </u>			<u></u>		
Enter th	e Return code for the return that this application is for (f	file a separa	te application for each return)			0 1		
			<u> </u>	<del></del>				
Application			Application			Return		
ls For	·	Code	Is For		***	Code		
Form 99	90 or Form 990-EZ	01				08		
Form 99	90-BL	02	Form 1041-A					
Form 4	'20 (individual)	03	Form 4720 (other than individual)	ın individual)				
Form 99	90-PF	04	Form 5227					
-	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11 12				
	90-T (trust other than above)	06	Form 8870					
STOP!	Do not complete Part II if you were not already grante		<u>natic 3-month extension on a prev</u>	COUSIV THE	90 FORM 880	<u> </u>		
	THE ORGANIZAT		11 NEW MODIZ NIV	10012				
	books are in the care of 594 BROADWAY,	NO. 3		10012	<del></del> -			
Tele	phone No. ► <u>212-390-1131</u>		Fax No.   Chatan about this box	·		▶ □		
• If the	e organization does not have an office or place of busine	ss in the Ui	med States, Cleck this box	f this is fo	r the whole o	roup check this		
	s is for a Group Return, enter the organization's four dig	It Group Ex	emption Number (GEN)	dmem lle	ers the exter	sion is for		
box_	! If it is for part of the group, check this box	and atta	15 2016	an memb	era the oxtor	Idion to tor.		
4	request an additional 3-month extension of time until or calendar year, or other tax year beginning	<u></u>	2014 and ending	a JIIIN	30. 2	015 .		
5 F	or calendar year, or other tax year beginning _ the tax year entered in line 5 is for less than 12 months,	Opech teas	on: Initial return	Final (	eturn			
6 If	The tax year entered in line 5 is for less than 12 months.  Change in accounting period	, Check read						
- C	tate in detail why you need the extension							
7 S	THE REASON FOR THE REQUESTED	EXTEN	SION IS THAT ADDIT	IONAL	INFOR	MATION		
	S NEEDED TO COMPLETE THE RET	TURN.						
	NEEDED TO COMPANY THE THE	<u> </u>						
_								
-	<del></del>		· · · · · · · · · · · · · · · · · · ·					
_								
	this application is for Forms 990-BL, 990-PF, 990-T, 472	20. or 6069.	enter the tentative tax, less any					
8a II					1			
	* -	,,		8a	\$	0.		
n	onrefundable credits. See instructions.			8a	\$	0.		
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