

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 180TH STREET BUSINESS IMPROVEMENT
 DISTRICT MANAGEMENT ASSOCIATION INC
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
 9050 PARSONS BLVD NO 209
 City or town, state or province, country, and ZIP or foreign postal code
 JAMAICA, NY 11432

D Employer identification number
 11-3306935
E Telephone number
 (718) 298-5489
F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ 180THSTREETBID.COM
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 60,000

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I.

| | | | | |
|---|---|-----------|-----------|--------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | | 1 | |
| | 2 Program service revenue including government fees and contracts | | 2 | 60,000 |
| | 3 Membership dues and assessments | | 3 | |
| | 4 Investment income | | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | 5c | |
| | b Less cost or other basis and sales expenses | 5b | | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | |
| | 6 Gaming and fundraising events | | 6d | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | | |
| | b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | | |
| c Less direct expenses from gaming and fundraising events | 6c | | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | |
| 7a Gross sales of inventory, less returns and allowances | 7a | 7c | | |
| b Less cost of goods sold | 7b | | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | |
| 8 Other revenue (describe in Schedule O) | | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | 9 | 60,000 | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | | 10 | |
| | 11 Benefits paid to or for members | | 11 | |
| | 12 Salaries, other compensation, and employee benefits | | 12 | 21,993 |
| | 13 Professional fees and other payments to independent contractors | | 13 | 26,363 |
| | 14 Occupancy, rent, utilities, and maintenance | | 14 | |
| | 15 Printing, publications, postage, and shipping | | 15 | |
| | 16 Other expenses (describe in Schedule O) | | 16 | 4,883 |
| | 17 Total expenses. Add lines 10 through 16 | | 17 | 53,239 |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | 6,761 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | -4,024 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | | 20 | 0 |
| | 21 Net assets or fund balances at end of year Combine lines 18 through 20 | | 21 | 2,737 |

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|------------------|
| 22 Cash, savings, and investments | 6,359 | 22 8,924 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | 0 | 24 1,193 |
| 25 Total assets | 6,359 | 25 10,117 |
| 26 Total liabilities (describe in Schedule O). | 10,383 | 26 7,380 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | -4,024 | 27 2,737 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
ALL FUNDS ARE DESIGNATED FOR THE IMPROVEMENT OF THE BUSINESS ENVIRONMENT
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

| | | |
|--|------------|--------|
| 28 See Additional Data Table | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | |
| 29 | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 32,026 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|----------------------------------|--|--|---|--|
| STEVEN DORF PRESIDENT | 2 00 | 0 | 0 | 0 |
| STEVEN SUSSMAN VICE PRESIDENT | 2 00 | 0 | 0 | 0 |
| SHELDON SCHIFF SECRETARY | 2 00 | 0 | 0 | 0 |
| LOU ADLER DIRECTOR | 2 00 | 0 | 0 | 0 |
| ROBERT CORWIN DIRECTOR | 2 00 | 0 | 0 | 0 |
| JASON DORF DIRECTOR | 2 00 | 0 | 0 | 0 |
| ROBIN SUSSMAN DIRECTOR | 2 00 | 0 | 0 | 0 |
| PATRICK HART TREASURER | 2 00 | 0 | 0 | 0 |
| WILFRED SMITH DIRECTOR | 2 00 | 0 | 0 | 0 |
| RORY I LANCMAN DIRECTOR | 2 00 | 0 | 0 | 0 |
| MELINDA KATZ DIRECTOR | 2 00 | 0 | 0 | 0 |
| SCOTT M STRINGER DIRECTOR | 2 00 | 0 | 0 | 0 |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

| | | |
|--|------------|-----------|
| | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | No |

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|--|------------|-----------|
| | Yes | No |
| 47 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 | 47 | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | |
|---|--------------------|
| Sign Here Signature of officer DEREK IRBY EXECUTIVE DIRCETOR Type or print name and title | 2018-05-15 Date |
|---|--------------------|

| | | | | | |
|-------------------------------|--|----------------------|--------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name WILLIAM SKODY | Preparer's signature | Date 2018-05-14 | Check <input type="checkbox"/> if self-employed | PTIN P00631754 |
| | Firm's name ▶ SKODY SCOT & CO CPAS PC | | | Firm's EIN ▶ 13-3597814 | |
| | Firm's address ▶ 520 EIGHTH AVE SUITE 2200 NEW YORK, NY 10018 | | | Phone no (212) 967-1100 | |

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:

Software Version:

EIN: 11-3306935

Name: 180TH STREET BUSINESS IMPROVEMENT
DISTRICT MANAGEMENT ASSOCIATION INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|--|--------|
| 28 PUBLIC IMPROVEMENTS - IMPROVING THE OVERALL APPEARANCE OF THE DISTRICT THROUGH A COMBINATION OF BEAUTIFICATION AND OTHER PROJECTS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 28a | 19,165 |

Form 990EZ, Part III - Statement of Program Service Accomplishments

| <p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p> | <p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p> | |
|---|---|---------------|
| <p>29 PUBLIC SAFETY - PROVIDING INCREASED PUBLIC SECURITY THROUGH A COMBINATION OF UNIFORMED GUARDS AND A WORKING RELATIONSHIP WITH THE NEW YORK CITY POLICE DEPARTMENT (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | <p>29a</p> | <p>12,861</p> |

**TY 2016 Transfers Personal Benefits
Contracts Declaration**

Name: 180TH STREET BUSINESS IMPROVEMENT
DISTRICT MANAGEMENT ASSOCIATION INC

EIN: 11-3306935

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

| | (a) Filing organization's totals | (b) Affiliated group totals |
|--|----------------------------------|-----------------------------|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | |

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over \$500,000 | 20% of the amount on line 1e |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| Over \$17,000,000 | \$1,000,000 |

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 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 | | | | | |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 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? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| 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), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|-----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | No |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | Yes |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | No |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | |
|---|-----------|
| 1 Dues, assessments and similar amounts from members | 1 |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | |
| a Current year | 2a |
| b Carryover from last year | 2b |
| c Total | 2c |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

180TH STREET BUSINESS IMPROVEMENT
DISTRICT MANAGEMENT ASSOCIATION INC

Employer identification number

11-3306935

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION INSURANCE AMOUNT 1,691 DESCRIPTION OFFICE SUPPLIES AND EXPENSES AMOUNT 2,024 DESCRIPTION SUPPLIES AMOUNT 1,168 TOTAL TO FORM 990-EZ, LINE 16 4,883 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS | DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,193 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES | DESCRIPTION ACCRUED EXPENSES BEG OF YEAR AMOUNT 10,383 END OF YEAR AMOUNT 7,380 |