# SCANNED DEC 1 9 2018

# 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)

2017

OMB No 1545-1150

Department of the Treasury

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public

lr D	epartm iternal	lent of the Treasury Revenue Service  ► Go to www.irs.gov/Form990EZ for instructions and the latest information		Inspection	
7	Fo	r the 2017 calendar year, or tax year beginning , 2017, and ending		,	
Ę	**	eck if applicable C	Employer identification number		
ļ	≕(	dress change Bloomfield Development Corporation	20-5817024		
ļ	==	4900 Friendship Avenue	Telephone		
į	≍	return Pittsburgh, PA 15224	(412)	681-8800	
ļ	<b>≕</b>	<b>^</b> /			
[	≒ .	, <u>a 1711</u> F	Vumber	xemption	
G	Ac	counting Method. ☐ Cash 💢 Accrual Other (specify) ► H Check ►	If the	organization is not	
1	We			Schedule B	
J	Tax	-exempt status (check only one) — X 501(c)(3) 501(c)( ) ◀(insert no ) 4947(a)(1) or 527 (Form 990	, 990-E	Z, or 990-PF)	
K	For	m of organization X Corporation Trust Association Other			
L	Add	d lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al ►\$	107 500	
T =		sets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		127,620.	
	art I		tions t		
_	<del></del>	Check if the organization used Schedule O to respond to any question in this Part I	7-2-7	<u>X</u>	
	1		1	<u>76,775.</u>	
	2	3 3	2	49,946.	
	3	· · · · · · · · · · · · · · · · · · ·	3		
	4		4	<u> </u>	
	- 1	a Gross amount from sale of assets other than inventory . 5a	4 1		
		b Less cost or other basis and sales expenses . 5b	<b>.</b>		
	1	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c		
	6		} }		
REV		a Gross income from gaming (attach Schedule G if greater than \$15,000)  6a	_		
i V E N		b Gross income from fundraising events (not including \$ of contributions			
N	1	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	1 1		
	1	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)	6 d		
	7.	a Gross sales of inventory, less returns and allowances 7a	]		
	ļ	b Less cost of goods sold 7b	]		
	1 .	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	7 c		
	8	Other revenue (describe in Schedule O)  See Schedule O	8	899.	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	127,620.	
	10	Grants and similar amounts paid (list in Schedule O)	10		
	11	Benefits paid to or for members  RECEIVED	11		
E	12	Salaries other compensation, and employee benefits	12	74,097.	
P	13	Professional fees and other payments to independent contractors  Occupancy, rent, utilities, and maintenance	13		
Ñ	14	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	14		
EXPENSES	15	THRUNG, DUDICACIONS, DOSIAGE, AND SINDDING	15		
•	16	Other expenses (describe in Schedule O).	16	49,464.	
	17	Total expenses. Add lines 10 through 16	17	123,561.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,059.	
ASSET	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year			
ΕĘ		figure reported on prior year's return)	19	74,570.	
S	20	Other changes in the assets of fully balances (explain in Schedule O)	20	-24,032.	
<del>_</del> -	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	54,597.	
ΒA	A FO	r Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2017)	

F	orm 990-EZ (2017) Bloomfield Deve	elopment Corporati	on	20	-581	7024 Page
F	Part II Balance Sheets (see the ins	structions for Part II)				X
_	Check if the organization used Sch	nedule O to respond to any q		(A) Beginning of ye	ar	(B) End of year
•	22 Cash, savings, and investments		<u> -</u>	20,778		41,362.
	23 Land and buildings		<del> </del>		23	41,302.
2	24 Other assets (describe in Schedule O)	See Schedul	.e 0	56,156		20,374.
2	25 Total assets		_	76,934		61,736.
2	26 Total liabilities (describe in Schedule C	<sub>))</sub>	.e 0	2,364		7,139.
2	27 Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	74,570	. 27	54,597.
P	Part III : Statement of Program Service A	ccomplishments (see the ins	tructions for Part III)			Expenses
	Check if the organization used So		question in this Part III	X		ured for section 501
. WI	hat is the organization's primary exempt purpose? Se	e Schedule 0	ite three largest progra	m sonucos as		and 501(c)(4) nizations; optional
m	escribe the organization's program service a easured by expenses. In a clear and concis	se manner, describe the serv	ices provided, the num	ber of persons	for ot	hers)
be	enefited, and other relevant information for	each program title.				
2	28 Community Improvement pro					
	developments, and communi	<u>rty engagement act</u>	<u>ivities.</u>			
	(Grants \$ ) If the	nis amount includes foreign g	rants, check here		28 a	109,314.
2	29	illa diriodire iricidada foreigni e	, arrior or o			105,514.
	(Grants \$ ) If th	nis amount includes foreign o	rants, check here		29 a	
3	0					
						•
			,,,			
_		nis amount includes foreign g	rants, check here		30 a	
3	1 Other program services (describe in Sch			. □	31 a	
2	(Grants \$ ) If th  Total program service expenses (add In	nis amount includes foreign o	rants, check here		32	109,314.
	art IV List of Officers, Directors,		NOVERS (list each one ever	n if not componeated — s		
146	altiv just of Officers, Directors,				ce the m	X
<u> </u>	Check if the organization used Sc	hedule O to respond to any	question in this Part IV			<u> </u>
-	Check if the organization used Sc		(c) Papartable companyation		5,	
	Check if the organization used Sc	(b) Average hours per week devoted to position		(d) Health benefit contributions to empl benefit plans, and def	s, oyee erred	(e) Estimated amount of other compensation
_	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099 MISC)	(d) Health benefit contributions to empl	s, byee erred	(e) Estimated amount of
_		(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefit contributions to empl benefit plans, and def compensation	erred	(e) Estimated amount of other compensation
_	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099 MISC)	(d) Health benefit contributions to empl benefit plans, and def compensation	oyee erred	(e) Estimated amount of
_	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefit contributions to empl benefit plans, and def compensation	erred	(e) Estimated amount of other compensation
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_	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefit contributions to empl benefit plans, and def compensation	erred	(e) Estimated amount of other compensation
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Form 990-EZ (2017) Bloomfield Development Corporation

20-5817024

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule X the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes Nο Did the organization engage in any significant activity not previously reported to the IRS? Х If 'Yes,' provide a detailed description of each activity in Schedule O 33 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect See Schedule Ó 34 X a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35 a Х b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O 35 b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III 35 c Х Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36 2\*,4 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 7 n 37 b Х b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 a Х b If 'Yes,' complete Schedule L, Part II and enter the total N/A amount involved 38 b 39 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 39 a N/A 39 b N/A b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under 0.; section 4912 > 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been 40 b reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax X 40 e shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed 42 a The organization's Bloomfield Development Corp Telephone no ► books are in care of Located at > 4900 Friendship Avenue Pittsburgh PA Yes No b 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) 42 b X If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? 42 6 If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A No Yes 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 a Х b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed 13. 14 instead of Form 990-EZ 44 b Х c Did the organization receive any payments for indoor tanning services during the year? 44 c X 130 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 1501 If 'No,' provide an explanation in Schedule O 44 d X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a \*\*\*\* \*\* b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes, Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45 b Х TEEA0812L 08/22/17 Form 990-EZ (2017)

Form 99	00-EZ (2017) Bloomfield Develop	ment Corporation	on	20-58	17024	Page 4
	d the organization engage, directly or indire		ign activities on behalf	of or in opposition to	46	Yes No
Part V	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s only ons must answer o	uestions 47-49b a	nd 52, and complet	e the table	:S
	Check if the organization used Schedu	le O to respond to any	question in this Part V	1		
	I the organization engage in lobbying activities mplete Schedule C, Part II	or have a section 501(h	) election in effect during	the tax year? If 'Yes,'	47	Yes No
	the organization a school as described in so If the organization make any transfers to an			edule E	48 49 a	X
<b>50</b> Cor	Yes,' was the related organization a sectior mplete this table for the organization's five high ployees) who each received more than \$100,0	hest compensated emplo	yees (other than officers the organization off ther	, directors, trustees and k e is none, enter 'None '	<b>49 b</b>	
	(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 other comp	
None						
<b>51</b> Com	al number of other employees paid over \$1 nplete this table for the organization's five high ppensation from the organization. If there is	nest compensated indepe	endent contractors who e	ach received more than \$	100,000 of	
	(a) Name and business address of each independent co		( <b>b)</b> Туре	of service	(c) Compe	nsation
None						
<b>52</b> Did t	I number of other independent contractors the organization complete Schedule A? <b>No</b> pleted Schedule A	•	•	ittach a	► X Yes	□ No
Under penaltic	les of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than officer	including accompanying sched	ules and statements, and to the	ne hest of my knowledge and he		
Sign Here	Signature of officer  V (With the Howell)	Executive	Director	, Date 9 15		
	Type or print name and title  Print/Type preparer's name	Preparer's signeture	Date		ſĬŇ	
Paid	Leslie A. McGee, CPA	Leslie A. McGe	e, CPA ///5/10	Check Lif	00803218	•
Preparer Use Only	Firm's name McGee Maruca & A  Firm's address McGee Maruca & A  3111 Banksville  Pittsburgh, PA 1	Rd Suite 200		Firm's EIN Phone no (41)	<u>25-17431</u> 2) 344-90	
May the IR	RS discuss this return with the preparer sho		ctions	1. 3000 10 (41.	<u> </u>	No
					Form <b>990-E</b>	<u> </u>

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### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number 20-5817024 Bloomfield Development Corporation Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's Δ name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 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) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (ii) EIN (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

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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 I f the organization fails to qualify under the tests listed below, please complete Part III )

	organization talls to quality	ander the tests ha	ited below, piedse	complete are in	<u> </u>		
Se	ction A. Public Support						
Ca be	lendar year (or fiscal year ginning in)	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	99,262.	48,660.	120,345.	119,313.	76,775.	464,355.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	99,262.	48,660.	120,345.	119,313.	76,775.	464,355.
5	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)	,		·			138,809.
	Public support. Subtract line 5 from line 4	7					325,546.
Se	ction B. Total Support	,					
Cal beg	endar year (or fiscal year inning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	99,262.	48,660.	120,345.	119,313.	76,775.	464,355.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)			233.	235.	899.	1,367.
11	Total support. Add lines 7 through 10						465,722.
12	Gross receipts from related activi	ities, etc. (see ins	tructions)			12	165,817.
13	First five years. If the Form 990 is to organization, check this box and		's first, second, thir	d, fourth, or fifth ta	x year as a section	501(c)(3)	. • []
Sec	tion C. Computation of Pub	olic Support Pe	ercentage				
14	Public support percentage for 20	17 (line 6, column	(f) divided by line	11, column (f)).		14	69.90%
15	Public support percentage from 2	2016 Schedule A, I	Part II, line 14			15	<u>71.51 %</u>
16a	33-1/3% support test—2017. If the and stop here. The organization of				line 14 is 33-1/3%	6 or more, check to	his box ► X
b	33-1/3% support test—2016. If the and stop here. The organization				and line 15 is 33-	1/3% or more, che	eck this box
17a	10%-facts-and-circumstances teror more, and if the organization rete organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test, check this be	ox and <b>stop here</b> .	. Explaın ın Part V	
b	10%-facts-and-circumstances ter or more, and if the organization n organization meets the 'facts-and	neets the 'facts-ar	id-circumstances'	test, check this be	ox and <b>stop here</b> .	. Exolain in Part V	is 10% I how the ►
18	Private foundation. If the organiz	ation did not chec	k a box on line 13	s. 16a. 16b. 17a. c	or 17b, check this	box and see instru	uctions ►

20-5817024

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Totál
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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. (Subtract line 7c from line 6)	7, 7		/			
Sec	tion B. Total Support			,		··	
Caler	ndar year (or fiscal year beginning in) 🟲	(a) 2013	<b>(b)</b> 2014 /	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	/					
11	Net income from unrelated business activities not included 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)						
	Total support. (Add lines 9, 10c, 11, and 12)	/					
	First five years. If the Form 990 organization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·	d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	) <u>► </u>
	tion C. Computation of Pul	<del></del>				<del></del>	
	Public support percentage for 20	•	• •	e 13, column (f)).		15	<del></del>
_	Public support percentage from 2					16	%
	tion D. Computation of Inv					<del></del>	
	Investment income pergentage for				nn (f))	17	%
	Investment income percentage fr					18	%
	33-1/3% support tests—2017. If the support tests	this box and stop	here. The organi	zation qualifies as	s a publicly suppo	rted organization	▶ 📋
	33-1/3% support/lests—2016. If the line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box a	nd <b>stop here.</b> The	organization qua	ilifies as a publicly	supported organi	

Page 4

Yes No

|Part IV& | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

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9	or 99	0-FZ)	2017

_	Theodie A (Form 990 of 990-E2) 2017 BIOOMITEIG Development Colporation 20-3817	024		raye
P	art IV Supporting Organizations (continued)	·		T
1	Has the organization accepted a gift or contribution from any of the following persons?	2	Yes	No
•	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	-	- Sec. 987
	<b>b</b> A family member of a person described in (a) above?	11b	,	$\top$
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c	+	<del>                                     </del>
Se	ection B. Type I Supporting Organizations	!		
	one of the second of the secon		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	EM A		
	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Se	ction C. Type II Supporting Organizations		<del>,</del>	
		73,535-1	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	Lies 1	2	
Se	ction D. All Type III Supporting Organizations	_		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	The state of the s	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Cheel the house the the wethout the the second to extend the leteral Bort Took during the year (see instructions).			
7	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test Complete line 2 below			
1	The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstruci	tions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
í	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	William Control	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	Marine Programme	
3	Parent of Supported Organizations Answer (a) and (b) below.	200	5	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3p		n Pir E

1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on one	Nov 20, 1970 (explain in ust complete Sections A	Part VI) <b>See</b> through E.
Se	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		~
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	·	
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	100 mm		
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI)	100		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		<u> </u>
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	MERCE SERVICE	
-2	Enter 85% of line 1	2	THE WEST	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	[3] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	 
4	Enter greater of line 2 or line 3.	4	STATE OF STA	
5	Income tax imposed in prior year	5	CHARLES TO	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inter(see instructions)	grated	d Type III supporting orga	anization
ΒΔΔ			Schedule A (Fo	rm 990 or 990-FZ) 2017

Pa	所以網 Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued)	<del>,</del>				
Se	Section D - Distributions							
_1	Amounts paid to supported organizations to accomplish exempt pu							
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	s, <u> </u>					
3	Administrative expenses paid to accomplish exempt purposes of si	upported organizations	<del> </del>					
4	Amounts paid to acquire exempt-use assets							
_ 5	Qualified set-aside amounts (prior IRS approval required)		·	<u></u>				
6	Other distributions (describe in Part VI) See instructions							
_ 7	Total annual distributions. Add lines 1 through 6			<u> </u>				
· 8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ion is responsive (provide	details					
_ 9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount			,				
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6		<b>这一种,不是一种的一种,不是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一</b>					
	Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI) See instructions							
_ 3	Excess distributions carryover, if any, to 2017	<b>建筑是影響的工作的</b>		<b>建设设施</b>				
a	是一种,他们们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一	語言語言語		刑定等"忠思"的				
Ł	From 2013							
	From 2014		<b>建筑数据数据数</b>					
	From 2015							
	From 2016	<b>国家工程的工作。</b>	15年2月1日 15年2月1日	<b>公司的</b>				
	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount	<b>深圳於尼亞河灣</b>						
i	Carryover from 2012 not applied (see instructions)	<b>等。在表现的是一种的</b>		<b>经产品的</b>				
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			经证据证明证据				
4	Distributions for 2017 from Section D, line 7 \$							
a	Applied to underdistributions of prior years							
b	Applied to 2017 distributable amount		語:由於					
С	Remainder Subtract lines 4a and 4b from 4		<b>经验证证明</b>					
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions							
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions							
7	Excess distributions carryover to 2018. Add lines 3j and 4c		いのかのでは、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、	<b>海里斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯</b>				
8	Breakdown of line 7	经表现是不是						
a	Excess from 2013			亞重點連絡建門法標				
b	Excess from 2014		和思斯和。於明確於在	经制建工程的				
С	Excess from 2015		<b>建筑建筑和北京建筑</b>					
d	Excess from 2016	<b>建筑工作的</b> 。	1389年1489年15	認定實施和對於				
е	Excess from 2017	er frankliger	<b>新型型型型型型型型</b>	CALL STATES OF THE STATES OF T				

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Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Bloomfield Development Corporation 20-5817024 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Part II, Line 10 - Other Income

Nature and Source			2017		2016		2015	2014	2013	<del></del>
Miscellaneous To	tal	\$ \$	899. - 899.	\$ \$	235, 235.	\$ \$	233. 233.	\$ 0.	\$	<u>0.</u>

### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Internal Revenue Service	<u>                                     </u>		Employer identification n	<b>新北海江江江江</b>
Name of the organization	valonment Corneration		20-5817024	umber
RIOOMIIEIG DEV	relopment Corporation		20-3617024	
Form 990-EZ, Other Revenu	Part I, Line 8 e		,	
Miscellaneo	us	•	Total <u>\$</u>	899. 899.
Form 990-EZ, Other Expens	Part I, Line 16 es		•	
Advertising Insurance Miscellaneo Office Expe Professiona Program exp	nses 1 Services	-	\$ Total \$	2,326. 3,158. 1,155. 5,444. 18,193. 17,098. 2,090. 49,464.
			100dr <u></u>	13/1011
Form 990-EZ, Other Change	Part I, Line 20 s In Net Assets Or Fund Balances			
Decrease du	e to reduction in 2016 government contr	act	Total \$	-24,032. -24,032.
Form 990-EZ, Other Assets	Part II, Line 24		-	
Accounts Rec Pledges and Prepaid Expe	ceivable Grants Receivable enses and Deferred Charges	<u>Be</u> \$ Total <u>\$</u>	8,500. \$ 46,116. 1,540. 56,156. \$	0. 17,256. 3,118. 20,374.
Form 990-EZ, I Total Liabilitie	Part II, Line 26 s			
Accounts Pay Deferred Rev	vable and Accrued Expenses venue	<u>Be</u> \$ Total <u>\$</u>	2,364. \$ 0. 2,364. \$	2,906. 4,233. 7,139.
Form 990-EZ, F	Part III - Organization's Primary Exempt Purpose			
·	of Bloomfield Developement Corp. is to	support pro	mote and enh	ance
1116 WI2210II	of bloomiteid bevelopement corp. is to	Support, pro	noce, and emi	ance
Bloomfield.				

Name of the organization

Bloomfield Development Corporation

Employer identification number 20-5817024

# Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Title	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Estimated Amount Of Other Compen.
Dan Barrett Chair	1	\$ 0.	\$ 0.	\$ 0.
John Pieranunzi Vice Chair	1	0.	0.	0.
Katie Markowski Treasurer	1	0.	0.	0.
Stevie Sheridan Secretary	1	0.	0.	0.
Mamadou Balde Board Member	1	0.	0.	0.
Erin Black-McIntyre Board Member	1	0.	0.	0.
Justine Coyne Board Member	1	0.	0.	0.
Matthew Ficorilli Board Member	1	0.	0.	0.
Ken Haywood Board Member	1	0.	0.	0.
Jennifer Lucchino Board Member	1	0.	0.	0.
Alix Levy Board Member	1	0.	0.	0.
Larisa Murphy Board Member	1	0.	0.	0.
Jon Miller Board Member	1	0.	0.	0.
Robin Nitkulinek Board Member	1	0.	0.	0.
Lesley Rains Board Member	1	. 0.	0.	0.
Lauren Nichols Board Member	1	0.	0.	0.

Name of the organization Bloomfield Development Corporation

Employer identification number 20-5817024

### Form 990-EZ, Part IV (continued) List of Officers, Directors, Trustées, and Key Employees

Name and Title	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Estimated Amount Of Other Compen.
Joshua Rolon Board member	1	\$ 0.	\$ 0.	\$ 0.
Michael Roth Board Member	1	0.	0.	0.
Dan Warner Board Member	1	0.	0.	0.
Christina Howell Executive Dir.	30	40,216.	0.	0.
	Total	\$ 40,216.	\$ 0.	\$ 0.

### Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

### Form 990-EZ, Part V, Line 34 - Changes to Organizing or Governing Documents

The Organization changed the required makeup of the Board and changed the language that required membership to stating that membership is an option.