As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492224001199 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization BROAD RIDGE HOUSING CORPORATION ☐ Address change 22-1624939 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 81 ☐ Final return/terminated (718) 442-2797 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return RIDGEWOOD, NJ 07451 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **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 CORPORATION 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) 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 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 4 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 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 Less direct expenses from gaming and fundraising events **6**c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 112,679 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 112,679 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 13 13 Professional fees and other payments to independent contractors 14 157,026 14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 17 17 Total expenses. Add lines 10 through 16 157,026 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -44,347 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 158,073 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 113,726 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Part I	Balance Sheets (see the instructions Check if the organization used Schedule			Davit II			
	Check if the organization used Schedule	O to respond to any q	uestion in this		oginning of year		(B) End of year
22 Cash. sa	vings, and investments		1	(A) D	eginning of year 52,584	22	10,734
	buildings				7,000		7,000
24 Other as	sets (describe in Schedule O)				101,072	24	98,575
25 Total as	sets				160,656	25	116,309
26 Total lia	ibilities (describe in Schedule O)				2,583	26	2,583
27 Net ass	ets or fund balances (line 27 of column	(B) must agree with	line 21)		158,073	27	113,726
Part Ⅲ	Statement of Program Service	•	•		•		Expenses
M/I	Check if the organization used Schedule	O to respond to any o	uestion in this	Part III			quired for section 501(c) and 501(c)(4)
	organization's primary exempt purpose? FORDABLE HOUSING					orga	anizations, optional for
measured by penefited, ar	organization's program service accompli / expenses In a clear and concise manne nd other relevant information for each pro	er, describe the service				othe	ers)
28 See Addition	al Data Table						
Grants \$)	If this amoun	t includes foreign gran	ts. check here		. ▶ □	28a	
	tional Data Table	ic melades foreign gran	to, check here		 	29a	
							
Grants \$)	If this amoun	t includes foreign gran	ts check here		. ▶ □		
	tional Data Table	Te merades foreign gran	es, check here	• •	<u> </u>	30a	
Jee Addi	tional Data Table					304	
· C	TE 11	L			. □		
Grants \$)		t includes foreign gran	ts, check here	• •	. • 🗆	+	
	ogram services (describe in Schedule O)					L. I	
Grants \$)	ogram service expenses (add lines 28a	t includes foreign gran				31a 32	
Part IV	List of Officers, Directors, Trustees,						tions for Part IV)
Pail IV	Check if the organization used Schedule						🗆
		1					1
	(a) Name and title	(b) Average hours per week devoted to position	(c) Repor compensa (Forms W-2 MISC) (if no	ition /1099- i t paid,	(d) Health bend contributions to er benefit plans, deferred compen	nploye and	(e) Estimated amount of other compensation
DAPHNE MAI	HAN	0 00	enter -(0		0	0
PRESIDENT							
MAUREEN M	IDDLEBROOK	0 00		0		0	0
ΓREASURER							
ROSHEMAR		0 00		0		0	0
	TREASURER	0 00		0		0	0
DARLENE GI	DNEY	0 00		U		U	
SECRETARY							
EANETTE S	TROUD	0 00		0		0	0
DIRECTOR							
DARIUS THO	DMAS	0 00		0		0	0
DIRECTOR							
DOUGLAS H	AMILTON	0 00		0		0	0
DIRECTOR							
							F 000 F7 (2010)

Par	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
	manufacture for the state of th	···	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	33		No No
35a	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)?	35a 35b		No
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)	350		
٠	notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
86	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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0)		
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee \mathbf{or} were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b	1		
l0a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
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 reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
С	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 sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
++ 2a	List the states with which a copy of this return is filed			
	organization's books are in care of ▶ TAXPAYER	(201)	394-927	2
	Located at ▶ 216 SOUTH BROAD STREET RIDGEWOOD , NJ ZIP + 4 ▶	07450	,	
	Located at ► 216 SOUTH BROAD STREET RIDGEWOOD , NJ ZIP + 4 ►	0/430	1	
		-	Yes	No
	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)?	42b		No
	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)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
1 3 S	section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•	▶ □	
•	and enter the amount of tax-exempt interest received or accrued during the tax year • 43			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>			
	explanation in Schedule O	44d		
15a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	45a		No
15b	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)	45b		
			•	

								Yes	No
	e organization engage, directly or indirec			of or In	opposition to)			
	ates for public office? If "Yes," complete	<u>, </u>		•			46		No
art VI	Section 501(c)(3) organization All section 501(c)(3) organizations	-	ons 47- 49b and 52	2. and	complete ti	ne table	s for li	nes 50	and
	51.	,		•	·				
	Check if the organization used Schedule	e O to respond to any q	uestion in this Part VI		<u></u>		· · · · i	Yes	_ No
5 1 11			24(1)			_			
	e organization engage in lobbying activit s," complete Schedule C, Part II	ies or have a section 50	J1(h) election in effect	during	the tax year	• •	47		
Is the	organization a school as described in sec	ction 170(b)(1)(A)(ii)?	If "Yes." complete Sch	edule E			48		
	e organization make any transfers to an	. , , , , , ,					49a		
	;," was the related organization a section	, and the second	related organization			•	49b		
	ete this table for the organization's five I	-	malayaas (athar than	officers	directors t		برما ادمير	omploy	
	ach received more than \$100,000 of com					usiees a	ina key	employ	
(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation) Health ben butions to e			imated r compe	
		devoted to position	(Forms W-2/1099- MISC)		enefit plans, erred comper			•	
			Miscy	deit	irea comper	isacion			
Total	number of other employees paid over \$	100,000				-			_
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Compl	ete this table for the organization's five l ensation from the organization If there is	highest compensated in s none, enter "None " each independent contri	actor						
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Complicompe	ete this table for the organization's five insation from the organization. If there is (a) Name and business address of e	highest compensated in s none, enter "None " each independent control in the search independent control in t	\$100,000	(b) Ty	ype of service	e (c)	Compe		
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Page **4**

Form 990-EZ (2018)

Additional Data

Software ID:

Software Version:

EIN: 22-1624939

Name: BROAD RIDGE HOUSING CORPORATION

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.	(Red (c
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Expenses quired for section 501 c)(3) and 501(c)(4)

28a

ganizations; optional

for others.)

If this amount includes foreign grants, check here \cdot \cdot \cdot \triangleright \square

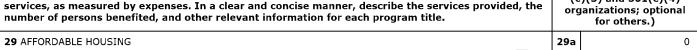
28 AFFORDABLE HOUSING (Grants \$ 0)

Describe the organization's program service accomplishments for each of its three largest program

(c)(3) and 501(c)(4)

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

(Grants \$ 0)



If this amount includes foreign grants, check here $\cdot \cdot \cdot \cdot \rightarrow \Box$

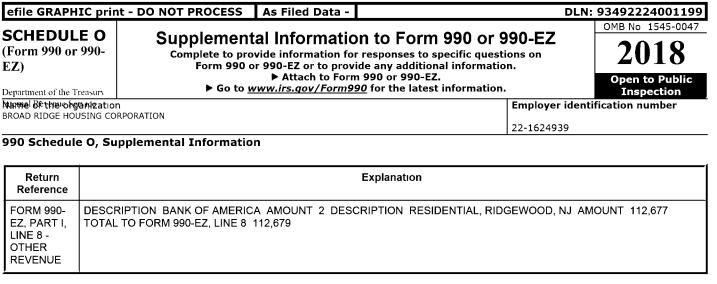
Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program

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

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.		ganizations; optional for others.)	
30 AFFORDABLE HOUSING	30a	0	ı

<u>-</u>			· -				ioi others.	
30 AFFORDABLE HOUSING						30a		0
(Grants \$ 0)	If this am	ount includes foreign grants	, check here		>			

DLN: 93492224001199 TY 2018 Transfers Personal Benefits **Contracts Declaration** Name: BROAD RIDGE HOUSING CORPORATION **EIN:** 22-1624939 **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.



990 Schedule O, Supplemental Information

EZ, PART I, RIPTION OFFICE AMOUNT 7,147 DESCRIPTION ACCOUNTING FEES AMOUNT 3,250 DESCRIPTION	Return Reference	Explanation
	FORM 990- EZ, PART I, LINE 14	RIPTION OFFICE AMOUNT 7,147 DESCRIPTION ACCOUNTING FEES AMOUNT 3,250 DESCRIPTION LEGAL FEES AMOUNT 300 DESCRIPTION INSURANCE AMOUNT 19,059 DESCRIPTION REPAIRS AMO UNT 34,638 DESCRIPTION TAXES AND LICENSES AMOUNT 51 DESCRIPTION UTILITIES AMOUNT 17,544 DESCRIPTION TELEPHONE AMOUNT 4,799 DESCRIPTION INSPECTION FEES AMOUNT 1,494 DESCRIPTION REAL ESTATE TAXES AMOUNT 42,962 DESCRIPTION GROUNDSKEEPER AMOUNT 14,1 00 DESCRIPTION BANK CHARGES AMOUNT 302 DESCRIPTION MISCELLANEOUS AMOUNT 1,165 DES CRIPTION POSTAGE AMOUNT 286 DESCRIPTION SNOW PLOWING AMOUNT 500 DESCRIPTION EXTER

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990-	DESCRIPTION DUE FROM UNIT #13 BEG OF YEAR AMOUNT 12,706 END OF YEAR AMOUNT 14,036 D
EZ, PART II.	ESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 88.366 END OF YEAR AMOUNT 84.
LINE 24 -	539
OTHER	
ASSETS	

Return Explanation

990 Schedule O, Supplemental Information

FORM 990-	DESCRIPTION SECURITY DEPOSITS BEG OF YEAR AMOUNT 1,200 END OF YEAR AMOUNT 1,200 DES
EZ, PART II,	CRIPTION LEGAL FEES BEG OF YEAR AMOUNT 1,383 END OF YEAR AMOUNT 1,383
LINE 26 -	
OTHER	
LIABILITIES	