CHAR500 Online

For new annual filings, and amendments

Annual Filing for Charitable Organizations

New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 charitiesnys.com Open to Public Inspection

Filing Year: 2021 New Filing OAmendment Filing Type: **General Information** N/A Current Organization Name: Broadway Mall Association Inc. Updated Name: DUAL 05-11-86 Registration Category: NY Registration Number: 133419786 Corporation EIN: Organization Type: 12/31 Updated Fiscal Year End: N/A Current Fiscal Year End: info@broadwaymall.org Organization's Phone: 2124916470 Organization Email: 501(c)(3) Website: www.broadwaymall.org Tax Exempt Status: **Organization Address** Mailing Address NY State Address Principal Address 2095 BROADWAY, SUITE 403 2095 BROADWAY, SUITE 403 NA **NEW YORK NEW YORK** NY NY 10023 10023 UNITED STATES **UNITED STATES Primary Contact Information** _____Title: Executive Director First Name: Emily Last Name: Walker Email: ewalker@broadwaymall.org Phone: 2124916470 **Organization Type** Organization Type: Public IRS990 Type of IRS document filed with IRS: Third Party Preparer Information Last Name: N/A First Name: N/A Title: N/A Firm Name: N/A Phone: N/A Email: N/A **Third Party Address** Street: N/A City: N/A State: N/A N/A Country: N/A Zip:

| Registration Category |
|--|
| Does the organization conduct activity in New York State (other than soliciting)? This may include, but is not limited to, maintaining an office, having employees or running a program. Yes |
| Does the organization have assets in New York State? Yes O No |
| 3. Is the organization incorporated or formed in New York State? O Yes O No N/A |
| Does the organization solicit, or plan to solicit or receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, or government agencies? ● Yes ○ No |
| 5. Does the organization use a professional fundraiser or fundraising counsel? OYes No |
| Based on your responses to the above questions, this organization's registration category remains as DUAL |
| Public Charity |
| Did the organization solicit or receive contributions during the fiscal year in New York State? Yes O No |
| 2. Was the organization required to submit a Schedule B to the IRS in this reporting period? |
| 3. Organizations have two options, to submit a redacted Schedule B, or to enter the total New York State contributions in the fiscal year: |
| • I would like to enter the total New York State Contributions I would like to submit a redacted Schedule B |
| 4. Choose the total contributions in New York State this fiscal year: \$750,000-\$999,999 |
| Annual Exemptions |
| Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year? O Yes O No N/A |
| Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? O Yes O No N/A |
| Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year? O Yes No |
| Based on your responses to annual exemption questions, this organization is required to file under <u>DUAL</u> during this fiscal year. |
| |

Contract Start: N/A

Mailing Address: N/A

Amount Paid: N/A

Contract End: N/A

Phone : N/A

| Financial Information | | | |
|---|---|--|---------------------------------|
| Type of IRS document filed with IRS | IRS990 | _ Organization's total reven | ue: 879,050 |
| Organization's total contributions: | 810,925 | Organization's total assets | s: <u>N/A</u> |
| Organization's net assets: | 648,340 | _ Organization's total reven | ue N/A |
| Organization's total liabilities: | N/A | and contributions:Organization's total asset: | s/ N/A |
| Organization's total income: | N/A | _ worth: | |
| Was the organization required to su OYes ONo N/A | ubmit a Schedule B to the | IRS in this reporting period? | |
| For the current filing year, does you | ır organization plan to do | any of the following with its C | Charities Bureau Registration? |
| □Closing □ Withdrawing | ☐ Dissolving ☑ I | None | |
| Is this your final filing with New Yor | k State? Oyes | O _{No} N/A | |
| Filing Information | | | |
| Did the organization use a profession | onal fundraiser or fundrai | sing counsel to solicit contribu | tions in New York State? |
| O _{Yes} ⊙ No | | | |
| O _{Yes} ⊙ No | | | |
| General Informa | | Description of Services | Description of Compensation |
| | | | Description of Compensation N/A |
| General Informa Name of Firm: N/A | | | • |
| General Information Name of Firm: N/A Type: N/A Reg | 1 | | • |
| General Information Name of Firm: N/A Type: N/A Reg | Number: N/A | | • |
| General Information Name of Firm: N/A Type: N/A Reg Contract Start: N/A | Number: N/A ract End: N/A | | • |
| General Information Name of Firm: N/A Type: N/A Reg Contract Start: N/A Amount Paid: N/A | Number: N/A ract End: N/A | | • |
| General Information Name of Firm: N/A Type: N/A Reg Contract Start: N/A Amount Paid: N/A | Number: <u>N/A</u> ract End: <u>N/A</u> Phone : <u>N/A</u> | N/A | • |
| General Information Name of Firm: N/A Type: N/A Reg Contract Start: N/A Cont Amount Paid: N/A Mailing Address: N/A Name of Firm: N/A | Number: <u>N/A</u> ract End: <u>N/A</u> Phone : <u>N/A</u> | N/A | N/A |
| General Information Name of Firm: N/A Reg | Number: N/A ract End: N/A Phone : N/A | N/A | N/A |
| General Informal Name of Firm: N/A Reg Contract Start: N/A Cont Amount Paid: N/A Mailing Address: N/A Name of Firm: N/A Registr | Number: <u>N/A</u> ract End: <u>N/A</u> Phone : <u>N/A</u> ration ID: <u>N/A</u> | N/A | N/A |
| General Informal Name of Firm: N/A Reg | Number: <u>N/A</u> ract End: <u>N/A</u> Phone : <u>N/A</u> ration ID: <u>N/A</u> ract End: <u>N/A</u> | N/A | N/A |
| General Information Name of Firm: N/A Reg | Number: <u>N/A</u> ract End: <u>N/A</u> Phone : <u>N/A</u> ration ID: <u>N/A</u> ract End: <u>N/A</u> | N/A | N/A |
| General Information Name of Firm: N/A Reg | Number: N/A ract End: N/A Phone : N/A ration ID: N/A ract End: N/A Phone : N/A | N/A | N/A |

Did the organization receive government grants during this fiscal year?

Yes O No

| Government Grant Agency | Grant Amount |
|-------------------------|--------------|
| PPP Loan Forgiveness | \$34,407.00 |
| N/A | N/A |

Documents

| Attached | organization' | 's required | documents: |
|---|-----------------|--------------|------------|
| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | OI SUITIZUCIOII | 3 1 Cquii Cu | accuments. |

- ☑ IRS document
- ☐ Certified Public Accountant's Audit Report
- ☑ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- ☐ Schedule B
- ☐ Redacted Schedule B
- ☑ Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

| Role | First Name | Last Name | Email |
|--------------------|------------|-----------|--------------------------|
| Executive Director | Emily | Walker | ewalker@broadwaymall.org |
| Treasurer | Ray | Yang | ray.yang.works@gmail.com |

Signature of Executive Director Lind Land

Signature of Executive Director Lind Land

Signature of Treasurer Ray Yang

Treasurer Docusigned by:

Ray Yang

Topoph/csceddings/

Tang lay.yang.works@gmail.com

Date: 11/9/2022

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General

Charities Bureau Registration Section

28 Liberty Street

New York, NY 10005

2021Open to Public Inspection

1. General Information

| 1. General informa | | | | | | | |
|--|----------------------------|--------------------|------------------------------|----------|-------------------------------|---|--|
| For Fiscal Year Begir | nning (mm/dd/yyyy |) 01/0 | 1/2021 and E | nding | (mm/dd/yyyy) 12/31 | _/2021 | |
| Check if Applicable: | Name of Organization | | , | | | Employer Identification Number (EIN): | |
| Address Change | | | | | _ | 10 011000 | |
| Name Change | | MALL Z | <u>ASSOCIATION</u> | IN | C. | 13-3419786 | |
| Initial Filing | Mailing Address: 2095 BROA | YAWA | SUITE 403 | | | NY Registration Number: 05-11-86 | |
| Final Filing | City / State / Zip: | 1DVVIII | <u> </u> | | | Telephone: | |
| Amended Filing | NEW YORK | | NY | 100 | 23 | 212-491-6470 | |
| Reg ID Pending | Website: | | | | Email: | | |
| | WWW.BROADWA | YMALL.O | RG | | EWALKER@BROADWA | | |
| Check your organization's registration category: | 7A only | EPTL only | y X DUAL (7A & | EPTL) | | m your Registration Category in the ies Registry at www.CharitiesNYS.com . | |
| 2. Certification | | | | | | | |
| See instructions for certi | ification requirements | . Improper o | certification is a violation | on of la | w that may be subject to p | enalties. The certification requires two | |
| signatories. | | | | | | | |
| M/a partific under r | analtica of navium, th | not we review | wad this report includ | الم ما | ottochments and to the hea | t of our knowledge and belief | |
| | | | • | • | he State of New York applic | t of our knowledge and belief, able to this report. | |
| , | | | 00. | | Emily L. Walker, Executive | | |
| President or Author | zed Officer: Si | gnature ${\cal M}$ | | | Print Name and Title | Date | |
| | | K | Pau Clana | | Ray Yang | Treasurer 11/9/202 | |
| Chief Financial Office | cer or Treasurer: Si | gnature | July Gung | | Print Name and Title | Date Date | |
| 2 Amount Demontin | | | | | | | |
| 3. Annual Reporting Exemption | | | | | | | |
| Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or | | | | | | | |
| additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable | | | | | | | |
| schedules and attachments and pay applicable fees. | | | | | | | |
| | | | | | | | |
| 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 | | | | | | | |
| and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. | | | | | | | |
| | | | | | | | |
| — | emption: Gross rece | ipts did not e | exceed \$25,000 and the | ne marl | ket value of assets did not e | exceed \$25,000 at any time during the | |
| fiscal year. | | | | | | | |
| 4. Schedules and Attachments | | | | | | | |
| See the following page | | | | | | | |
| for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial | | | | | | | |
| schedules and co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. attachments to | | | | | | | |
| complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. | | | | | | | |
| The state of the s | | | | | | | |
| 5. Fee | | | | | | | |
| See the checklist on the | 7A filing fee: | | EPTL filing fee: | | Total fee: | | |
| next page to calculate y | our o | 0 = | • | 1.00 | Φ | Make a single check or money order | |
| fee(s). Indicate fee(s) yo | ou \$ | 25 | \$ | 100 | \$ 125 | payable to: | |
| are submitting here: | | | | | | "Department of Law" | |
| | | | 1 | | | | |

13-3419786 BROADWAY MALL ASSOCIATION INC.

CHAR500

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

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

Annual Filing Checklist

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

Checklist of Schedules and Attachments

| Check the schedules you must submit with your CHAR500 as described in Part 4: | | | |
|---|---|--|--|
| If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) | | | |
| X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants | | | |
| Check the financial attachments you must submit with your CHAR500: | | | |
| X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable | | | |
| X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Corand will not be available for public review. | ntributors). Schedule B of public charities is exempt from disclosure | | |
| Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only. | ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the | | |
| If you are a 7A only or DUAL filer, submit the applicable independent Certified Public | Accountant's Review or Audit Report: | | |
| Review Report if you received total revenue and support greater than \$250,000 | and up to \$1,000,000 | | |
| Audit Report if you received total revenue and support greater than \$1,000,000 lf the fiscal year begins before that date, an Audit Report is required if total reverse. | and the fiscal year begins on or after July 1, 2021. enue and support is greater than \$750,000 | | |
| No Review Report or Audit Report is required because total revenue and support | ort is less than \$250,000 | | |
| We are a DUAL filer and checked box 3a, no Review Report or Audit Report is | required | | |
| Calculate Your Fee | Is my Registration Category 7A, EPTL, DUAL or EXEMPT? | | |
| For 7A and DUAL filers, calculate the 7A fee: | Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: | | |
| \$0, if you checked the 7A exemption in Part 3a | | | |
| X \$25, if you did not check the 7A exemption in Part 3a | 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") | | |
| For EPTL and DUAL filers, calculate the EPTL fee: | EPTL filers are registered under the Estates, Powers & Trusts | | |
| \$0, if you checked the EPTL exemption in Part 3b | Law ("EPTL") because they hold assets and/or conduct | | |
| \$25, if the NET WORTH is less than \$50,000 | activities for charitable purposes in NY. | | |
| \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 | DUAL filers are registered under both 7A and EPTL. | | |
| $\boxed{\mathbb{X}}$ \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 | EXEMPT filers have registered with the NY Charities Bureau | | |
| \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 | and meet conditions in Schedule E - Registration | | |
| \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 | <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports | | |
| \$1500, if the NET WORTH is \$50,000,000 or more | but may do so voluntarily. | | |
| Send Your Filing | Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com . | | |
| Send your CHAR500, all schedules and attachments, and total fee to: NYS Office of the Attorney General | Where do I find my organization's NET WORTH? | | |

Need Assistance?

New York, NY 10005

28 Liberty Street

Visit: www.CharitiesNYS.com Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Charities Bureau Registration Section

NET WORTH for fee purposes is calculated on:

- IRS Form 990 PF, calculate the difference between

Total Assets at Fair Market Value (Part II, line 16(c)) and

- IRS Form 990 Part I, line 22

- IRS Form 990 EZ Part I, line 21

Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

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

1. Organization Information

| Name of Organization: | NY Registration Number: | |
|--------------------------|-------------------------|----------|
| BROADWAY MALL ASSOCIATIO | N INC. | 05-11-86 |

2. Government Grants

| Name of Government Agency | Amount of Grant |
|---------------------------|-----------------|
| 1. PPP LOAN FORGIVENESS | 1. 34,407 |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |
| 7. | 7. |
| 8. | 8. |
| 9. | 9. |
| 10. | 10. |
| 11. | 11. |
| 12. | 12. |
| 13. | 13. |
| 14. | 14. |
| 15. | 15. |
| Total Government Grants: | Total: 34,407 |

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

| BROADWAY MAL | L ASSOCIATION INC. | 13-3419786 |
|--|---|---|
| Organization type (check | one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a priv | rate foundation |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private to | foundation |
| | 501(c)(3) taxable private foundation | |
| | | |
| | is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General R | Rule and a Special Rule. See |
| General Rule | | |
| | n filing Form 990, 990-EZ, or 990-PF that received, during the year, or property) from any one contributor. Complete Parts I and II. See in contributions. | _ |
| Special Rules | | |
| regulations under s | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (For ived from any one contributor, during the year, total contributions of the unt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Com | m 990), Part II, line 13, 16a, or the greater of (1) \$5,000; or |
| contributor, during literary, or education | the year, total contributions of more than \$1,000 exclusively for religional purposes, or for the prevention of cruelty to children or animals. (a) instead of the contributor name and address), II, and III. | ious, charitable, scientific, |
| contributor, during contributions totaled during the year for General Rule applications. | the year, contributions exclusively for religious, charitable, etc., purpod more than \$1,000. If this box is checked, enter here the total contributions exclusively religious, charitable, etc., purpose. Don't complete any lies to this organization because it received nonexclusively religious, more during the year | oses, but no such ributions that were received by of the parts unless the charitable, etc., contributions |
| must answer "No" on Part | that isn't covered by the General Rule and/or the Special Rules doesn IV, line 2, of its Form 990; or check the box on line H of its Form 990 neet the filing requirements of Schedule B (Form 990). | , , , , |

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

Schedule B (Form 990) (2021)

PAGE 1 OF 2 Schedule B (Form 990) (2021)

Name of organization

Employer identification number

BROADWAY MALL ASSOCIATION INC. 13-3419786 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 1.... JOHN STOSSEL Person 211 CENTRAL PARK WEST Payroll 46,136 Noncash NEW YORK NY 10024 (Complete Part II for noncash contributions.) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2.... LAURA RICHARDS Person 300 WEST END AVE, 13B Payroll 30,000 Noncash NY 10023 NEW YORK (Complete Part II for noncash contributions.) (b) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3.... ROCHELLE SHEREFF Person 185 WEST END AVENUE, 20D Payroll \$ 16,600 Noncash NEW YORK NY 10023 (Complete Part II for noncash contributions.) (c) (d) (a) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 4.... TRINITY CHURCH WALL STREET Person 120 BROADWAY, 38TH FLOOR Payroll 88,571 Noncash NY 10271 NEW YORK (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 5 NY PRESBYTERIAN HOSPITAL X Person 525 EAST 68TH STREET, BOX 156 Payroll 26,000 Noncash NEW YORK NY 10065 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution COLUMBIA UNIVERSITY IRVING 6.... MEDICAL CENTER Person 51 AUDUBON AVENUE Payroll 17,200 SUITE 800 Noncash NY 10032 NEW YORK (Complete Part II for

noncash contributions.)

Page 2

Name of organization

BROADWAY MALL ASSOCIATION INC.

Employer identification number 13-3419786

| Part I | Contributors (see instructions). Use duplicate copies of P | art I if additional space is n | eeded. |
|------------|---|--------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | COLUMBIA UNIVERSITY 535 WEST 116TH STREET NEW YORK NY 10027 | \$ 60,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | NYC GREEN FUND 14 EAST 60TH STREET NEW YORK NY 10022 | \$ 25,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 9 | THE TIGER BARON FOUNDATION 233 BROADWAY, SUITE 2200 NEW YORK NY 10279 | \$ 147,619 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| 10 | Name, address, and ZIP + 4 NYC DEPT OF YOUTH & COMMUNITY DEVELOPMENT 123 WILLIAM STREET, 18TH FLOOR NEW YORK NY 10007 | Total contributions \$ 75,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| . 11 | GREENACRE FOUNDATION 30 ROCKEFELLER PLAZA NEW YORK NY 10112 | \$ 37,500 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

PAGE 1 OF 1 Schedule B (Form 990) (2021)

Name of organization

Employer identification number BROADWAY MALL ASSOCIATION INC. 13-3419786

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) & PLANT ANNUALS 11 \$ 37,500 05/28/21 (a) No. (c) (b) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$

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.

2021 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change BROADWAY MALL ASSOCIATION INC. Doing business as 13-3419786 Name change Number and street (or P.O. box if mail is not delivered to street address) 212-491-6470 Initial return 2095 BROADWAY, SUITE 403 City or town, state or province, country, and ZIP or foreign postal code Final return/ NEW YORK NY 10023 884,612 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending EMILY WALKER 2095 BROADWAY -SUITE 403 H(b) Are all subordinates included? If "No," attach a list. See instructions NEW YORK NY 10023 **X** 501(c)(3) ◀ (insert no.) 501(c) (4947(a)(1) or Tax-exempt status WWW.BROADWAYMALL.ORG Website: **H(c)** Group exemption number ▶ X Corporation Trust Form of organization: Association M State of legal domicile: Other > Year of formation: Part I Summarv 1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S PURPOSE IS TO MAINTAIN THE MEDIAN STRIPS ON BROADWAY AS Governance OPEN PARK SPACE FOR THE PUBLIC AND FOR PUBLIC WELFARE. THOUSANDS OF PEDESTRIANS PASS THIS OPEN SPACE DAILY. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 17 5 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 49 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11... **Current Year** 586,709 810,925 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) O 11 70,654 68,114 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 657,363 879,050 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 **13** Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 179,710 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 233,266 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 413,755 393,736 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 593,465 627,002 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 63,898 252,048 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 28 270,483 784,571 20 Total assets (Part X, line 16) 136,231 21 Total liabilities (Part X, line 26) 270,483 22 Net assets or fund balances. Subtract line 21 from line 20 648,340 Signature Block 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. my F 11/2/2022 Sian Signature of officer EMILY WALKER Here EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check Paid ROBERT MAURO, CPA ROBERT MAURO. 11/01/22 self-employed P01313190 Preparer KVLSM LLP 27-1329764 Firm's name Firm's EIN ▶ **Use Only** 415 CROSSWAYS PARK DR STE C 11797-2055 516-294-0400 WOODBURY, NY Firm's address X Yes No May the IRS discuss this return with the preparer shown above? See instructions

| Form | 990 (2021) BROADWAY MALI | ASSOCIATION I | NC. 13-3419786 | Page 2 |
|----------------------|--|---|--|--|
| Pai | t III Statement of Program | n Service Accomplishm | nents | |
| | Check if Schedule O co | ontains a response or no | ote to any line in this Part III | |
| T 1 | | URPOSE IS TO MA THE PUBLIC AND | AINTAIN THE MEDIAN STR FOR PUBLIC WELFARE. AILY. | IPS ON BROADWAY AS THOUSANDS OF |
| | | īī | | |
| 2 | Did the organization undertake any sign | nificant program services durin | g the year which were not listed on the | |
| | | | | Yes X No |
| 3 | Did the organization cease conducting, | or make significant changes i | n how it conducts, any program | |
| | services? | | , , , , , , , , , , , , , , , , , , , | Yes X No |
| | If "Yes," describe these changes on So | | | |
| | | (4) organizations are required | ch of its three largest program services, as to report the amount of grants and allocation orted. | - |
| Ti Pi Bi Ti | ARTNERS TO PLANT AN IMONTHLY MAINTEANCE HE GARDENS REGULARL HE NYC DEPARTMENT O | NUALS IN THE SE . THEY ALSO PA Y AND REMOVE TH F PARKS & RECRE | NDSCAPE PROFESSIONALS PRING, BULBS IN THE FA ARTNER WITH OTHER ORGA RASH, SUPPLEMENTING SE EATION. | LL, AND TO PROVIDE NIZATIONS TO WATER RVICES PROVIDED BY |
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| | /A | | g grants of \$)(| |
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| | • | | | |
| | | | | |
| | (Code:) (Expenses \$ | includin | g grants of \$) (| Revenue \$) |
| N, | /A | | | |
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| | | | | |
| 4d | Other program services (Describe on S | Schedule O.) | | |
| | (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| 4e | Total program service expenses ▶ | 475,367 | | |

| | The one of the quiet of the qui | | 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 | X | NO |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | 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? <i>If</i> "Yes," complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | x | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| 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 | | х |
| 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 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 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 | | | v |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 4.5 | | v |
| 40 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 46 | | x |
| 17 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 47 | | х |
| 18 | Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 17 | | |
| 10 | Dest VIII Francisco de control 0.00 M IV/co II acquarlete Ochardule O. Dort II | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | " | | |
| | If "Yes," complete Schedule G, Part III | 19 | | х |
| 20a | | 20a | | X |
| b | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| - | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |
| | | | | |

| | The state of Regards Consumes, | | Yes | No |
|-------------|--|---------|----------|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i> | 23 | | х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | A |
| _ 70 | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ļ |
| 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? | 051 | | v |
| 26 | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | |
| | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | v |
| 20 | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 29 | | |
| 30 | conservation contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i> | | | |
| | complete Schedule N, Part II | 32 | | 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 | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 20 | | x |
| 37 | related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | |
| 31 | and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | x | |
| Pa | art V Statements Regarding Other IRS Filings and Tax Compliance | • | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | <u> </u> | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | v | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | ı X | 1 |

Form 990 (2021) BROADWAY MALL ASSOCIATION INC.

13-3419786

Page 5

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (continu | ued) | | | Yes | No |
|-----|--|----------|------------------|-----|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 5 | , | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions | i. | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? \dots | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | O | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | - | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial | accou | ınt)? | 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 A | ccoun | ts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | tion? | | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | Э | | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ns or | | | | |
| | gifts were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g | oods | | | | |
| | and convices provided to the payor? | | | 7a | | |
| b | | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | |
| | required to file Form 8282? | | | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or | ontract | ? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file For | m 889 | 9 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ion file | e a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | |
| | against amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 10411 | } | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | |
| | the organization is licensed to issue qualified health plans | 13b | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule | | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | Х |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | incom | e? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes," complete Form 6069. | | | | | |

Form 990 (2021) BROADWAY MALL ASSOCIATION INC. 13-3419786 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent 17 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a X **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. X **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records >

> 2095 BROADWAY - SUITE 403 NY 10023 212-491-6470

RAY YANG NEW YORK Form 990 (2021) BROADWAY MALL ASSOCIATION INC.

13-3419786

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

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

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (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) | | | | | s both a | an | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | |
|-----------------------------------|--|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|---|--|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations | |
| (1) ADRIAN BENEPE | | | | | | | | | | | |
| DOADD MEMBED | 2.00 | v | | | | | | | _ | 0 | |
| BOARD MEMBER (2) DEBORAH C. FOORI | 0.00 | X | | | | | | 0 | 0 | 0 | |
| (2) DEBORMI C. POOR | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0.00 | x | | | | | | 0 | 0 | 0 | |
| (3) INBAR GAL | 0,00 | | | | | | | | | | |
| . , | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0 | 0 | 0 | |
| (4) RANDI GLICKBERG | | | | | | | | | | | |
| | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0 | 0 | 0 | |
| (5) THEODORE KOVALER | | | | | | | | | | | |
| | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0 | 0 | 0 | |
| (6) LAUREN LYNCH | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0.00 | x | | | | | | 0 | 0 | 0 | |
| (7) DEIRDRE MCINTOSI | | Λ | | | | | | | | <u> </u> | |
| (//DETIDICE PROTIVIOSI | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0.00 | x | | | | | | 0 | 0 | 0 | |
| (8) HELEN ROSENTHAL | | | | | | | | | | | |
| . , | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0 | 0 | 0 | |
| (9) ANNE STRAUSS | | | | | | | | | | | |
| | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0 | 0 | 0 | |
| (10) DON SUSSMAN | | | | | | | | | | | |
| | 2.00 | | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0 | 0 | 0 | |
| (11) KATHARINE WODELI | | | | | | | | | | | |
| DOADD MEMBED | 2.00 0.00 | x | | | | | | 0 | 0 | 0 | |
| BOARD MEMBER | 0.00 | Λ | <u> </u> | l | | | | 1 0 | <u> </u> | Form 990 (2021) | |

| Part VII Section A. Officer | s, Directors, Tru | stee | s, K | ey E | mpl | oyee | s, a | and Highest Compensated | l Employees (continued) | | | |
|--|---|---|-------------------|-------------------|----------------|------------------------------|-------------------|---|--|--------|--|------------------|
| (A) Name and title | (B) Average hours per week (list any hours for | Position (do not check more than or box, unless person is both officer and a director/truster individual truster individual truster individual truster individual truster individual truster individual truster individual tr | | | | | an | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ | | (F) Estimated amount of other compensation from the organization and | |
| | related organizations below dotted line) | ual trustee ector | tional trustee | · | Key employee | Highest compensated employee | 7 | 1099-NEC) | 1099-NEC) | relate | ed organiz | ations |
| (12) PAUL ZWEBEN BOARD MEMBER | 2.00 | x | | | | | | 0 | 0 | | | O |
| (13) BEVERLY BART SECRETARY | | | | х | | | | 0 | 0 | | | C |
| (14) NANCY G. CHA | 2.00 0.00 | | | x | | | | 0 | 0 | | | 0 |
| | RRMANN 2.00 | | | | | | | | | | | |
| (16) CHARLES KLOT | 2.00 | | | X | | | | 0 | 0 | | | 0 |
| BOARD MEMBER (17) RAY YANG | 2.00 | | | X | | | | 0 | 0 | | | 0 |
| TREASURER | 0.00 | | | X | | | | 0 | 0 | | | 0 |
| | | | | | | | | | | | | |
| 1b Subtotal | | | ion A | | | | > | | | | | |
| d Total (add lines 1b and 1c) Total number of individuals (i reportable compensation from | ncluding but not I | imite | d to | | | | bove | e) who received more than | \$100,000 of | | | /aa Na |
| 3 Did the organization list any femployee on line 1a? If "Yes, 4 For any individual listed on line | " complete Sched | dule | J for | suc | h inc | dividu | al . | | | | 3 | res No |
| organization and related organization and rela | inizations greater1a receive or ac | thar | 1 \$15 com | 50,00 pens | 0? /: atior | f "Ye. n fron | s," c n ar | complete Schedule J for surny unrelated organization or | ch | | 4 | X |
| for services rendered to the or Section B. Independent Contract 1 Complete this table for your face. | ors | | | • | | | | , | than \$100,000 of | | 5 | X |
| compensation from the organ | | | | | | | | lar year ending with or with | | ear. | Comp | (C) pensation |
| MCNULTY OUTDOORS, I NEW HYDE PARK | NC NY | . 1 | 10 | | 640 | 51 | ı | AVENUE LANDSCAPING | | | | 213,087 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent received more than \$100,000 | | | | | | | | se listed above) who | 1 | | | |

| Pa | rt V | | | of Revenue ledule O cont | ains a | a response or no | ote to any line in t | his Part VIII | | |
|--|---------------|---|------------|-----------------------------|----------|---------------------------------------|----------------------|--|--------------------------------------|---|
| | | | | | | ' | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts Its | 1a | Federated camp | paigns | | 1a | | | | | |
| ža our | b | Membership due | 00 | | 1b | | | | | |
| s, Am | С | Fundraising eve | | | 1c | | | | | |
| a ∰ | d | Related organiz | | | 1d | | | | | |
| s, (| е | Government grants (o | ontributio | ons) | 1e | 34,40 | 7 | | | |
| io S | f | All other contributions, | | | 1f | 776,51 | Q | | | |
| ĔĔ | g | and similar amounts no Noncash contributions | | | | 770,31 | <u>.~</u> | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | lines 1a-1f | | | 1g | | | | | |
| <u>8</u> | h | Total. Add lines | 1a–1 | f | | <u></u> | 810,925 | | | |
| | | | | | | Business Co | ode | | | |
| <u>8</u> | 2a | | | | | | | | | |
| Program Service Revenue | b | | | | | | | | | |
| en S | C | | | | | | | | | |
| 84 | d | | | | | | | | | |
| F E | e , | | | | | l l | | | | |
| | | All other program | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | <u>g</u> 3 | Total. Add lines Investment income | | | | | | | | |
| | | other similar am | |) | | • | . 11 | . 11 | | |
| | 4 | Income from inv | | | t bond | | | | | |
| | 5 | Royalties | | | | | , | | | |
| | | ., | | (i) Real | | (ii) Personal | | | | |
| | 6a | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | |
| | С | Rental inc. or (loss) | 6c | | | | | | | |
| | _d | Net rental incom | e or (| loss) | | | • | | | |
| | 7a | Gross amount from sales of assets | | (i) Securities | 8 | (ii) Other | | | | |
| | | other than inventory | 7a | | | | | | | |
| ne | b | Less: cost or other | | | | | | | | |
| Other Revenue | | basis and sales exps. | 7b | | | | | | | |
| æ | l | Gain or (loss) | 7c | | | | | | | |
| her | | Net gain or (loss | | | | · · · · · · · · · · · · · · · · · · · | • | | | |
| ŏ | 8a | Gross income from | n fundra | aising events | | | | | | |
| | | (not including \$ | | | | | | | | |
| | | of contributions rep | | on line | | 73,67 | 16 | | | |
| | <u> </u> | 1c). See Part IV, lin | | | 8a 8b | 5,56 | | | | |
| | ı | Less: direct exp Net income or (| | | | | 68,114 | | | |
| | I | Gross income fr | | _ | Events | | 00,114 | | | |
| | "" | activities. See P | | | 9a | | | | | |
| | b | Less: direct exp | | | 9b | | | | | |
| | ı | Net income or (| | | | • | • | | | |
| | I | Gross sales of i | | | | | | | | |
| | | returns and allo | | | 10a | | | | | |
| | b | Less: cost of go | | | 10b | | | | | |
| | ı | Net income or (I | | | entory | b | • | | | |
| S | | | | | | Business Co | ode | | | |
| Miscellaneous Revenue | 11a | | | | | | | | | |
| lan enu | b | | | | | | | | | |
| ₹še ŠŠ | С | | | | | | 1 | | | |
| Ξ̈́ | | All other revenue | | | | | | | | |
| | | Total. Add lines | | | | ····· | A | | - | |
| | 12 | Total revenue. | See ii | nstructions | | • | 879,050 | 11 | 1 0 | 1 0 |

Page **10**

Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon | | | olete column (A). | |
|--------|---|----------------|--------------------------|---------------------------------|----------------------|
| | <u> </u> | (A) | (B) | (C) | (D) |
| | ot include amounts reported on lines 6b, 7b, lb, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| _ | trustees, and key employees | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| 7 | persons described in section 4958(c)(3)(B) | 215,424 | 150,797 | 10,771 | 53,856 |
| 7 8 | Other salaries and wages Pension plan accruals and contributions (include | 213,424 | 130,191 | 10,771 | 33,636 |
| 0 | | | | | |
| 9 | section 401(k) and 403(b) employer contributions) Other employee benefits | | | | |
| 10 | Decimal taxes | 17,842 | 12,489 | 892 | 4,461 |
| 11 | Fees for services (nonemployees): | 17,012 | 12,403 | 032 | 1,101 |
| a | Management | | | | |
| b | l and | | | | |
| C | Accounting | 19,323 | | 19,323 | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 15,211 | | 15,211 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 28,886 | 11,554 | 2,889 | 14,443 |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 1 4 1 | 47 | 47 | A 77 |
| 22 | Depreciation, depletion, and amortization | 7,022 | 47 | 7,022 | 47 |
| 23 | Insurance | 1,022 | | 1,022 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | MAINTENANCE & LANDSCAPING | 259,499 | 259,499 | | |
| b | WINTER LIGHTING | 31,652 | 31,652 | | |
| C | CONSULTING SERVICES | 12,330 | 7,380 | | 4,950 |
| d | OTHER CULTIVATION EXPENSE | 9,746 | 1,949 | 7,797 | , |
| | All other expenses | 9,926 | , | 7,597 | 2,329 |
| 25 | Total functional expenses. Add lines 1 through 24e | 627,002 | 475,367 | 71,549 | 80,086 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720) | | | | |

Part X **Balance Sheet**

| | | Check if Schedule O contains a response or note | to any line in | this Part X | | | |
|-------------|-----|--|---------------------------------------|---------------------------------------|-------------------|-----|-------------|
| | | | | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash—non-interest-bearing | | | 268,600 | 1 | 368,423 |
| | 2 | Savings and temporary cash investments | | · · · · · · · · · · · · · · · · · · · | · | 2 | <u> </u> |
| | 3 | Pledges and grants receivable, net | | | | 3 | 283,326 |
| | 4 | Accounts receivable, net | | | | 4 | • |
| | 5 | Loans and other receivables from any current or former | officer, direct | or, | | | |
| | | trustee, key employee, creator or founder, substantial c | ontributor, or | 35% | | | |
| | | controlled entity or family member of any of these person | ons | | | 5 | |
| | 6 | Loans and other receivables from other disqualified per | | | | | |
| Ø | | under section 4958(f)(1)), and persons described in sec | ction 4958(c)(3 | 3)(B) | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| Ą | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 2,043 | | | |
| | b | Less: accumulated depreciation | 10b | 2,043 1,340 | | 10c | 703 |
| | 11 | Investments—publicly traded securities | | | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 1,883 | 15 | 132,119 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 3 | 3) | | 270,483 | 16 | 784,571 |
| | 17 | Accounts payable and accrued expenses | | | | 17 | 16,309 |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | · · · · · · · · · · · · · · · · · · · | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV | of Schedule D | | | 21 | |
| S | 22 | Loans and other payables to any current or former office | | | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial c | ontributor, or | 35% | | | |
| abi | | controlled entity or family member of any of these person | ons | L | | 22 | |
| = | 23 | Secured mortgages and notes payable to unrelated thir | d parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third p | oarties | L | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables | | | | | |
| | | parties, and other liabilities not included on lines 17-24) | . Complete Pa | art X | | | |
| | | of Schedule D | | | | 25 | 119,922 |
| | 26 | Total liabilities. Add lines 17 through 25 | <u></u> | | 0 | 26 | 136,231 |
| | | Organizations that follow FASB ASC 958, check her | e ▶ | | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | | | |
| Balances | 27 | Net assets without donor restrictions | | | | 27 | |
| Ва | 28 | Net assets with donor restrictions Organizations that do not follow FASB ASC 958, che | | | | 28 | |
| Fund | | Organizations that do not follow FASB ASC 958, che | eck here 🟲 | X | | | |
| 互 | | and complete lines 29 through 33. | | | | | |
| Assets or | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equipmer | nt fund | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated income, of | | | 270,483 | 31 | 648,340 |
| Net | 32 | Total net assets or fund balances | | | 270,483 | 32 | 648,340 |
| _ | 33 | Total liabilities and net assets/fund balances | | | 270,483 | 33 | 784,571 |

Form **990** (2021)

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3b | Form **990** (2021)

3a

Schedule O.

Single Audit Act and OMB Circular A-133?

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BRO9786 BROADWAY MALL ASSOCIATION INC.

FYE: 12/31/2021

13-3419786

Federal Statements

Statement 1 - Form 3115, Page 4, Part I, Line 2g - Other Amounts

| | Description | <u>Amount</u> |
|----------|------------------|-------------------|
| EMPLOYEE | RETENTION CREDIT | \$ 12,867 |
| DEFERRED | RENT LIABILITY | -543 |
| TOT | AL | \$ 12,324 |

11/1/2022 3:24 PM

SCHEDULE A (Form 990) 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.

2021

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

BROADWAY MALL ASSOCIATION INC.

Employer identification number 13-3419786

| Pa | art I | Reas | on for Public Charity | Status. (All organizations | must o | complete | e this part.) See instructi | ons. |
|-------|-------|------------------------------|---------------------------------|---|-------------------|------------------------------|--|-----------------------------------|
| The | orga | nization is not | a private foundation because | e it is: (For lines 1 through 12, o | heck only | one box | .) | |
| 1 | | A church, coi | nvention of churches, or ass | ociation of churches described i | n sectio i | 170(b)(| 1)(A)(i). | |
| 2 | П | A school des | cribed in section 170(b)(1)(| A)(ii). (Attach Schedule E (Forn | າ 990).) | | | |
| 3 | П | A hospital or | a cooperative hospital servi- | ce organization described in se | ction 170 | (b)(1)(A) | iii). | |
| 4 | П | A medical res | search organization operated | d in conjunction with a hospital of | described | in section | on 170(b)(1)(A)(iii). Enter the h | ospital's name. |
| | ш | city, and state | - | , | | | KAN N N Y | |
| 5 | | - | | of a college or university owned | or operat | ed by a o | overnmental unit described in | |
| • | ш | • | (b)(1)(A)(iv). (Complete Part | • | o. opo.a. | ou | | |
| 6 | | | | overnmental unit described in s | ection 1 | 70(b)(1)(A |)(v) | |
| 7 | X | | • | substantial part of its support fro | | | ••• | |
| • | تت | - | section 170(b)(1)(A)(vi). (C | | m a gov | or minor man | unit of from the general public | , |
| 8 | | | | 170(b)(1)(A)(vi). (Complete Part | II.) | | | |
| 9 | Н | - | | cribed in section 170(b)(1)(A)(i | , | ed in con | iunction with a land-grant colle | ne |
| • | ш | - | | of agriculture (see instructions). | | | • | 90 |
| | | university: | | 3 (| | - , | 3 , | |
| 10 | | An organizati | on that normally receives (1 |) more than 33 1/3% of its supp | ort from | contribution | ons, membership fees, and gro | SS |
| | | receipts from | activities related to its exem | ppt functions, subject to certain e | exceptions | s; and (2) | no more than 331/3% of its | |
| | | | | nd unrelated business taxable in | | | | |
| | | acquired by t | he organization after June 3 | 0, 1975. See section 509(a)(2). | (Comple | te Part III | .) | |
| 11 | Ц | An organizati | on organized and operated | exclusively to test for public safe | ety.See s | section 5 | 09(a)(4). | |
| 12 | | - | | exclusively for the benefit of, to p | | | | |
| | | | . , | ions described in section 509(a | , , , | | ```` | Check |
| | | | <u>-</u> | scribes the type of supporting or | • | | • | |
| | а | | | erated, supervised, or controlled | - | | | ng |
| | | | • ,, , | ver to regularly appoint or elect a omplete Part IV, Sections A ar | | or the di | rectors or trustees of the | |
| | b | | | pervised or controlled in connect | | ite eunno | rtod organization(s) by baying | |
| | D | | | ting organization vested in the s | | | | ed. |
| | | | • | Part IV, Sections A and C. | arrie pere | ono mat | control of manage the support | ou . |
| | c | \Box | • | supporting organization operated | in conne | ection with | and functionally integrated w | ith |
| | • | | | structions). You must complete | | | | , |
| | d | Type III | non-functionally integrated | I. A supporting organization ope | rated in o | connection | n with its supported organization | on(s) |
| | | that is no | ot functionally integrated. The | e organization generally must sa | atisfy a di | stribution | requirement and an attentiven | ess |
| | | requireme | ent (see instructions). You r | nust complete Part IV, Section | s A and | D, and P | art V. | |
| | е | | | eived a written determination fro | | | a Type I, Type II, Type III | |
| | | | | n-functionally integrated support | ting organ | nization. | | |
| | f | | mber of supported organizati | | | | | |
| | g | | <u> </u> | ne supported organization(s). | [a | | | |
| (i | | e of supported panization | (ii) EIN | (iii) Type of organization (described on lines 1–10 | | organization ur governing | (v) Amount of monetary support (see | (vi) Amount of other support (see |
| | org | jai lizatioi i | | above (see instructions)) | - | ment? | instructions) | instructions) |
| | | | | , | Yes | No | · · | , |
| (A) | | | | | | | | |
| () | | | | | | | | |
| (B) | | | | | | | | |
| (-) | | | | | | | | |
| (C) | | | | | | | | |
| (0) | | | | | | | | |
| (D) | | | | | | | | |
| (5) | | | | | | | | |
| (E) | | | | | | | | |
| (=) | | | | | | | | |
| Tota | | | | | | | | |
| . via | | | | | | | | |

Schedule A (Form 990) 2021

Section A. Public Support

13-3419786

Page 2

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.)

| Caler | dar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|-------|---|----------------------|--------------------|-----------------------|---------------------|------------|-------------------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 433,979 | 464,175 | 573,577 | 513,209 | 810,925 | 2,795,865 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 433,979 | 464,175 | 573,577 | 513,209 | 810,925 | 2,795,865 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 2,795,865 |
| | tion B. Total Support | | | | | | = 7 : 0 0 7 0 0 0 |
| Caler | dar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | 433,979 | 464,175 | 573,577 | 513,209 | 810,925 | 2,795,865 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 99 | 41 | 30 | | | 170 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 2,796,035 |
| 12 | Gross receipts from related activities, etc. | (see instructions) | | | | 12 | 73,687 |
| 13 | First 5 years. If the Form 990 is for the o | | | | | | _ |
| | organization, check this box and stop her | | | | | | ▶ |
| Sec | tion C. Computation of Public S | | | | | | |
| 14 | Public support percentage for 2021 (line 6 | | | ın (f)) | | | 99.99% |
| 15 | Public support percentage from 2020 Scho | | | | | | 99.99% |
| 16a | 33 1/3% support test—2021. If the organ | | | | 33 1/3% or more, o | check this | ▶ ▽ |
| | box and stop here. The organization qual | | | | | | |
| b | 33 1/3% support test—2020. If the organ | | | | 5 is 33 1/3% or m | ore, cneck | . □ |
| 47- | this box and stop here . The organization | | | | | 44:- | 🏲 🗀 |
| 17a | 10%-facts-and-circumstances test—202 | | | | | | |
| | 10% or more, and if the organization mee Part VI how the organization meets the fa | | | | | | |
| | | icis-and-direumstani | ces test. The orga | inization qualilles a | is a publicly suppo | ried | ▶ □ |
| h | organization 10%-facts-and-circumstances test—202 | | | | | | - 🗀 |
| b | 15 is 10% or more, and if the organization | • | | | | | |
| | _ | | | | • | • | |
| | in Part VI how the organization meets the | | | | | | ▶ □ |
| 18 | Private foundation. If the organization did | | | | | | F 🗀 |
| .0 | | | | | | | ▶ □ |
| | instructions | | | | | | A (Form 990) 2021 |

13-3419786

Schedule A (Form 990) 2021

Page 3

Part III 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.)

| Sec | tion A. Public Support | -quantity | | | | , | |
|--------|--|--------------------------|---------------------|---------------------|---------------------|--------------|-----------|
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | , , | |
| 2 | Gross receipts from admissions, merchandise sold or services 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 | | | | | | |
| 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 | | | | | | |
| с 8 | Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | (a) 2017 | (5) 2010 | (6) 2010 | (4) 2020 | (0) 2021 | (i) rotal |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the organization, check this box and stop here | _ | | - | | :)(3) | ▶ □ |
| Sec | tion C. Computation of Public Su | | | | | | ····· |
| 15 | Public support percentage for 2021 (line 8, | | | nn (f)) | | 15 | % |
| 16 | Public support percentage from 2020 Sche | | | | | | % |
| | tion D. Computation of Investmen | | | | | | |
| 17 | Investment income percentage for 2021 (lii | | | 3, column (f)) | | 17 | % |
| | Investment income percentage from 2020 S | | II line 47 | | | 40 | % |
| 19a | 33 1/3% support tests—2021. If the organ | | | | | | _ |
| | 17 is not more than 33 1/3%, check this bo | | | | | | ▶ 🗌 |
| b | 33 1/3% support tests—2020. If the organ | | = | | | | |
| | line 18 is not more than 33 1/3%, check this | is box and stop h | ere. The organizat | tion qualifies as a | publicly supported | organization | ▶ Ц |
| 20 | Private foundation. If the organization did | not check a box | on line 14, 19a, or | 19b, check this bo | ox and see instruct | ions | ▶ □ |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

| 1 | | | Voc | Na |
|---|------|--------|---------|-----------|
| 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | | Yes | No |
| 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | | | |
| 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | 1 | | |
| 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | | | |
| 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | | | |
| 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | 2 | | |
| 3b 3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | | | |
| 3c | | 3a | | |
| 3c | | | | |
| 3c | | | | |
| 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | 3b | | |
| 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | | | |
| 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | 3c | | |
| 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | | | |
| 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | 4a | | |
| 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | | | |
| 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | | | |
| 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | 4b | | |
| 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | | | |
| 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | | | |
| 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b | | | | |
| 5b 5c 6 7 8 9a 9b 9c 10a | | 4c | | |
| 5b 5c 6 7 8 9a 9b 9c 10a | | | | |
| 5b 5c 6 7 8 9a 9b 9c 10a | | | | |
| 5b 5c 6 7 8 9a 9b 9c 10a | | | | |
| 5b 5c 6 7 8 9a 9b 9c 10a | | | | |
| 5c 6 7 8 9a 9b 9c 10a 10b | | 5a | | |
| 5c 6 7 8 9a 9b 9c 10a 10b | | Eh | | |
| 6 7 8 9a 9b 9c 10a 10b | | | | |
| 7 8 9a 9b 9c 10a | | 30 | | |
| 7 8 9a 9b 9c 10a | | | | |
| 7 8 9a 9b 9c 10a | | | | |
| 7 8 9a 9b 9c 10a | | 6 | | |
| 9a 9b 9c 10a | | | | |
| 9a 9b 9c 10a | | | | |
| 9a 9b 9c 10a | | 7 | | |
| 9a 9b 9c 10a | | | | |
| 9a 9b 9c 10a | | 8 | | |
| 9b 9c 10a | | | | |
| 9b 9c 10a | | | | |
| 9b 9c 10a | | 9a | | |
| 9c 10a | | | | |
| 10a | | 9b | | |
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| 10b Schedule A (Form 990) 2021 | | 10a | | |
| 10b Schedule A (Form 990) 2021 | | | | |
| ocnedule A (Form 990) 2021 | 0-1- | 10b | /F | 000 0001 |
| | SCHE | aule A | (FORM S | 99U) ZUZ1 |

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| Schedu | lle A (Form 990) 2021 BROADWAY MALL ASSOCIATION INC. 13-341978 | 6 | | Page 5 |
|----------|---|----------|-----|--------|
| Par | t IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | | | | |
| h | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? A 25% controlled on the of a person described on line 11a or 11b above? If "Yee" to line 11a, 11b, or 11a | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. | 11c | | |
| Secti | ion B. Type I Supporting Organizations | 110 | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | 110 |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 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, | | | |
| C4 | supervised, or controlled the supporting organization. | 2 | | |
| Secti | ion C. Type II Supporting Organizations | | V | |
| 4 | Mars a majority of the organization's directors or trustees during the tay year also a majority of the directors | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Secti | ion D. All Type III Supporting Organizations | | | |
| | 7, | | 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 | | |
| 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 on line 2, above, 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 | | | |
| Secti | supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions | ١ | | |
| ı a | The organization satisfied the Activities Test. Complete line 2 below. | • | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr | uctions) | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | ĺ | Yes | No |
| а | 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 | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's | | | |
| | involvement, one or more of the organization's supported organization(s) would have been engaged in? If | | | |
| | "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would | | | |
| _ | have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 25 | | |
| L | trustees of each of the supported organizations? <i>If "Yes" or "No," 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 Part VI the role played by the organization in this regard. | 3b | | |
| | or no supported organizations: it i res, desenbe in i art vi the role played by the Organization in this regard. | ן טט | | 1 |

Adjusted net income for prior year (from Section A, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Minimum asset amount for prior year (from Section B, line 8, column A)

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

<u>1</u>

3

4

5

Schedule A (Form 990) 2021

1

3

5

Enter 0.85 of line 1.

(see instructions).

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Schedule A (Form 990) 2021

BROADWAY MALL ASSOCIATION INC.

13-3419786

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| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | |
|--|---|-----------------------------|--|-------------------------------------|--|--|
| Sect | Current Year | | | | | |
| 1_ | Amounts paid to supported organizations to accomplish exempt purport | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes | s of supported | | | | |
| | organizations, in excess of income from activity | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supp | orted organizations | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide deta | ails in Part VI) | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | |
| | Total annual distributions. Add lines 1 through 6. | | | | | |
| 8 | Distributions to attentive supported organizations to which the organization | ation is responsive | | | | |
| | (provide details in Part VI). See instructions. | | | | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | | | |
| 10 | Line 8 amount divided by line 9 amount | 1 | | | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 | | |
| 1_ | Distributable amount for 2021 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required–explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | | |
| a | From 2016 | | | | | |
| b | From 2017 | | | | | |
| С | From 2018 | | | | | |
| d | From 2019 | | | | | |
| е | From 2020 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2021 distributable amount | | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | | |
| <u>i</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2021 from | | | | | |
| | Section D, line 7: \$ | | | | | |
| | Applied to underdistributions of prior years | | | | | |
| | Applied to 2021 distributable amount | | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| a | Excess from 2017 | | | | | |
| | Excess from 2018 | | | | | |
| с | Excess from 2019 | | | | | |
| d | Excess from 2020 | | | | | |
| <u> </u> | Excess from 2021 | | | 01.11.4/5 | | |

Schedule A (Form 990) 2021

| 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.) |
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DAA Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number

| B | ROADWAY MALL ASSOCIATION INC. | 13-3 | 3-3419786 | | | | | |
|----|--|---|--------------|---------------------------------|--|--|--|--|
| Pa | Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. | | | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | | | | | | | |
| | | (a) Donor advised funds | (| b) Funds and other accounts | | | | |
| 1 | Total number at end of year | | | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | | | |
| 4 | Aggregate value at end of year | | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in writing that | | | | | | | |
| | funds are the organization's property, subject to the organization's excl | | | Yes No | | | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in | • | | | | | | |
| | only for charitable purposes and not for the benefit of the donor or donor | or advisor, or for any other purpose | | | | | | |
| _ | | | | Yes No | | | | |
| Pa | rt II Conservation Easements. | Form 000 Port IV line 7 | | | | | | |
| | Complete if the organization answered "Yes" on | | | | | | | |
| 1 | Purpose(s) of conservation easements held by the organization (check | | | | | | | |
| | Preservation of land for public use (for example, recreation or educ | · - | | | | | | |
| | Protection of natural habitat | Preservation of a certified h | istoric stru | cture | | | | |
| _ | Preservation of open space | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conse easement on the last day of the tax year. | rvation contribution in the form of a cons | ervation | I | | | | |
| _ | • | | 0- | Held at the End of the Tax Year | | | | |
| a | Total number of conservation easements | | 2a | | | | | |
| b | Total acreage restricted by conservation easements | | 2b | | | | | |
| C | Number of conservation easements on a certified historic structure incl. | | 2c | | | | | |
| d | Number of conservation easements included in (c) acquired after 7/25/0 | Jo, and not on a | 04 | | | | | |
| • | | tinguished or terminated by the ergeniza | | | | | | |
| 3 | Number of conservation easements modified, transferred, released, extension and the second se | linguished, or terminated by the organiza | ation during | g the | | | | |
| | tax year | legated N | | | | | | |
| 4 | Number of states where property subject to conservation easement is | | | | | | | |
| 5 | Does the organization have a written policy regarding the periodic mon | | | ☐ Yes ☐ No | | | | |
| 6 | violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of | | | | | | | |
| 6 | Stail and volunteer hours devoted to monitoring, inspecting, handling of | i violations, and emorcing conservation | easements | during the year | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of viol | lations, and enforcing consequation case | monte duri | ng the year | | | | |
| ′ | C | lations, and emorcing conservation ease | inenis dun | ing the year | | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy | the requirements of section 170(h)(4)(R) | (i) | | | | | |
| 0 | | | • • | ☐ Yes ☐ No | | | | |
| 9 | and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements. | | | | | | | |
| • | balance sheet, and include, if applicable, the text of the footnote to the | • | | the | | | | |
| | organization's accounting for conservation easements. | 3 | | | | | | |
| Pa | rt III Organizations Maintaining Collections of Art, | Historical Treasures, or Other | Similar | Assets. | | | | |
| | Complete if the organization answered "Yes" on | | | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to r | report in its revenue statement and balan | ce sheet v | vorks | | | | |
| | of art, historical treasures, or other similar assets held for public exhibit | • | | | | | | |
| | service, provide in Part XIII the text of the footnote to its financial state | ments that describes these items. | | | | | | |
| b | If the organization elected, as permitted under FASB ASC 958, to repo | rt in its revenue statement and balance s | sheet work | s of | | | | |
| | art, historical treasures, or other similar assets held for public exhibition | n, education, or research in furtherance of | of public se | ervice, | | | | |
| | provide the following amounts relating to these items: | | | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | • | \$ | | | | |
| | (ii) Assets included in Forms COO Dark V | | _ | \$ | | | | |
| 2 | If the organization received or held works of art, historical treasures, or | | | | | | | |
| | following amounts required to be reported under FASB ASC 958 relating | | | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | - | • | \$ | | | | |
| b | Assets included in Form 990, Part X | | > | \$ | | | | |

| Sche (| dule D (Form 990) 2021 BROADWAY | <u>MALL</u> | <u>ASSO</u> | CIATIO | N INC | | <u> 13-34</u> | 19786 | | | P | age 2 |
|--------|---|---------------|-----------------|----------------|-------------|----------------|---------------|-------------------|---------|----------|---------|-------|
| Pa | rt III Organizations Maintaining | Collect | tions of | Art, Histo | orical T | reasures, | or Other | Similar As | sets (c | ontin | ued) | |
| 3 | Using the organization's acquisition, accessicollection items (check all that apply): | ion, and oth | her records | s, check any | of the fo | llowing that n | nake signific | cant use of its | | | | |
| а | Public exhibition | | d 🗌 | Loan or exc | hange pro | ogram | | | | | | |
| b | Scholarly research | | е | Other | | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections a | and explain | how they f | urther the | organization's | s exempt p | urpose in Part | | | | |
| | XIII. | | | | | | | | | | | |
| 5 | During the year, did the organization solicit | or receive | donations | of art, histor | ical treasu | ures, or other | similar | | _ | | | _ |
| | assets to be sold to raise funds rather than | to be main | tained as p | part of the o | rganizatio | n's collection | ? | | [| Ye | s | No |
| Pa | rt IV Escrow and Custodial Ar | rangeme | ents. | | | | | | | | | |
| | Complete if the organizatio | n answei | red "Yes | " on Form | า 990, P | art IV, line | 9, or rep | orted an am | nount o | n For | m | |
| | 990, Part X, line 21. | | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custoo | dian or othe | er intermed | liary for cont | tributions | or other asse | ts not | | _ | | | |
| | included on Form 990, Part X? | | | | | | | | [| Ye | s | No |
| b | If "Yes," explain the arrangement in Part XII | | | | | | | | | | | |
| | | | | | | | | | Α | mount | t | |
| С | Beginning balance | | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | | | | | | |
| е | Distributions during the year | | | | | | | 1e | | | | |
| | Ending balance | | | | | | | | | | | |
| 2a | Did the organization include an amount on I | Form 990, I | Part X, line | e 21, for esc | row or cu | stodial accou | nt liability? | | [| Ye | s | No |
| b | If "Yes," explain the arrangement in Part XII | I. Check he | ere if the ex | xplanation h | as been p | rovided on P | art XIII | | | <u> </u> | | |
| Pa | rt V Endowment Funds. | | | | | | | | | | | |
| | Complete if the organizatio | n answei | red "Yes | " on Form | n 990, P | art IV, line | 10. | | | | | |
| | | (a) Curre | nt year | (b) Prio | r year | (c) Two ye | ars back | (d) Three years b | oack | (e) Four | r years | back |
| 1a | Beginning of year balance | | | | | | | | | | | |
| b | Contributions | | | | | | | | | | | |
| | Net investment earnings, gains, and | | | | | | | | | | | |
| | losses | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | |
| | Other expenditures for facilities and | | | | | | | | | | | |
| | programs | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | |
| | End of year balance | | | | | | | | | | | |
| | Provide the estimated percentage of the cur | rent year e | nd balance | e (line 1g, c | olumn (a)) | held as: | | | | | | |
| а | Board designated or quasi-endowment ▶ | | % | | | | | | | | | |
| b | Permanent endowment ▶% | | | | | | | | | | | |
| | Term endowment ▶ % | | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sh | ould equal | 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of th | ne organiza | ation that are | e held and | d administered | d for the | | | | | |
| | organization by: | | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | zations liste | ed as requi | red on Sche | edule R? | | | | | 3b | | |
| | Describe in Part XIII the intended uses of the | | | | | | | | | | | |
| Pa | rt VI Land, Buildings, and Equ | uipment. | | | | | | | | | | |
| | Complete if the organizatio | n answei | red "Yes" | " on Form | 1 990, P | art IV, line | 11a. See | Form 990, | Part X | , line | 10. | |
| | Description of property | (a) (| Cost or other b | pasis | (b) Cost or | other basis | (c) Ad | ccumulated | (| d) Book | value | |
| | | | (investment) | | (oth | ner) | dep | reciation | | | | |
| 1a | Land | | | | | | | | | | | |
| b | Buildings | | | | | | | | | | | |
| С | Leasehold improvements | . 🗀 | | | | | | | | | | |
| | Equipment | | | | | 2,043 | | 1,340 | | | | 703 |
| | Other | | | | | | | | | | | |
| Total | Add lines 1a through 1e. (Column (d) must | equal Forn | n 990, Part | t X, column | (B), line 1 | 0c.) | <u></u> | | | | | 703 |
| | | | | | | | | | | | | |

| Part VII | Investments - Other S | | Form 990 Part IV li | ne 11b. See Form 990, F | Part Y line 12 |
|----------------|---------------------------------------|-------------------------------|------------------------------|----------------------------|------------------|
| | (a) Description of security or | | (b) Book value | (c) Method of | |
| | (including name of security | | (b) Book value | Cost or end-of-year | |
| (1) Financial | derivatives | • | | , | |
| | eld equity interests | | | | |
| (2) Other | | | | | |
| (A) | | | | | |
| (B) | | | _ | | |
| | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| Total. (Column | n (b) must equal Form 990, Part | X, col. (B) line 12.) | | | |
| Part VIII | Investments - Program | | | | |
| | Complete if the organiza | tion answered "Yes" on | Form 990, Part IV, li | ne 11c. See Form 990, F | Part X, line 13. |
| | (a) Description of investment | nent | (b) Book value | (c) Method of | valuation: |
| | | | | Cost or end-of-year | market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n (b) must equal Form 990, Part | X, col. (B) line 13.) ▶ | | | |
| Part IX | Other Assets. | | | | |
| | Complete if the organiza | | Form 990, Part IV, II | ne 11d. See Form 990, F | |
| | D.T.C.1100 O.D. | (a) Description | 3.051 | | (b) Book value |
| (1) | | - | ASE) | _ | 117,752 |
| (2) | EMPLOYEE | | DIT RECEIVABL | E | 12,86 |
| (3) | SECURITY | DEPOSITS | | | 1,50 |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | n (b) must equal Form 990, Part | V and (P) line 15) | | | 132,119 |
| Part X | Other Liabilities. | л, соі. (<i>Б)</i> ііне тэ.) | | ············· | 132,11. |
| I alt A | | tion answered "Ves" on | Form 990 Part IV li | ne 11e or 11f. See Form | 990 Part X |
| | line 25. | don answered 165 on | i i oiiii 550, i ait iv, ii | 110 110 01 111. 000 1 0111 | 550, T art 7, |
| 1. | (a) Description of liab | nility | | | (b) Book value |
| | income taxes | , mily | | | (b) Book value |
| | E LIABILITY | | | | 119,922 |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n (b) must equal Form 990, Part | X col (B) line 25) | | • | 119,922 |
| | uncertain tax positions. In Part X | | otnote to the organization's | | |
| - | liability for uncertain tax positions | | - | | |

| Sche | dule D (Form 990) 2021 BROADWAY MALL ASSOCIATION INC | $\frac{13-341978}{1}$ | 86 | Page 4 |
|------|--|-------------------------|---------|---------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Stateme | ents With Revenue per R | Return. | |
| | Complete if the organization answered "Yes" on Form 990, I | Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statem | | Return. | |
| | Complete if the organization answered "Yes" on Form 990, I | Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 1 0- 1 | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION FOLLOWS THE PROVISIONS OF UNCERTAIN TAX PROVISIONS ADDRESSED BY ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2021, FOR WHICH THE ULTIMATE DEDUCTIBILITY IS HIGHLY CERTAIN BUT FOR WHICH THERE IS UNCERTAINTY ABOUT THE TIMING OF SUCH DEDUCTIBILITY. THE ORGANIZATION RECOGNIZES INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN MANAGEMENT AND GENERAL EXPENSES. THE ORGANIZATION HAS DETERMINED THAT NO AMOUNT IS REQUIRED TO BE ACCRUED FOR TAXES OR RELATED INTEREST AND PENALTIES FOR ANY TAX POSITION TAKEN THROUGH DECEMBER 31, 2021.

| Schedule D (F | orm 990) 2021 | BROADWAY | MALL | ASSOCIATION | INC. | 13-3419786 | Page 5 |
|---------------|---------------|-----------------|------------|-------------|------|------------|--------|
| Part XIII | Supplemen | tal Information | n (continu | ued) | | | |
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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

| Name of the organization BROADWAY MALL ASSO | CIATION : | INC | • | | Employer identificat | |
|--|---------------------------------------|------------------------|---|-----------------------------------|--|---|
| Part I Fundraising Activities. Complete if | | | | red "Yes" on Form | 990, Part IV, line | e 17. |
| Form 990-EZ filers are not required t 1 Indicate whether the organization raised funds through a | • | | | Check all that apply | | |
| a Mail solicitations | · — | - | | ernment grants | | |
| b Internet and email solicitations | | | _ | nent grants | | |
| | g Special fu | _ | | _ | | |
| d In-person solicitations | g Special lu | iluiaisi | ilg ev | ento | | |
| 2a Did the organization have a written or oral agreement w | ith any individual | (inclu | dina o | fficers directors trustees | • | |
| or key employees listed in Form 990, Part VII) or entity b If "Yes," list the 10 highest paid individuals or entities (fu | in connection wit | h profe | ession | al fundraising services? | | Yes No |
| compensated at least \$5,000 by the organization. | , , , , , , , , , , , , , , , , , , , | | id fund- | | | T |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | raise custo conf | r have ody or trol of outions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
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| 10 | | | | | | |
| | | | | | | |
| Total | | | . • | | | |
| List all states in which the organization is registered or li registration or licensing. | | contrib | utions | or has been notified it is | s exempt from | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |

Schedule G (Form 990) 2021

BROADWAY MALL ASSOCIATION INC.

13-3419786

| P | | vents. Complete if the organ fundraising event contribution | | | |
|-----------------|---|---|--|------------------------------|--|
| | | reater than \$5,000. | ons and gross income on | Form 990-EZ, lines i a | nd ob. List events with |
| | | (a) Event #1 | (b) Event #2 | (c) Other events | |
| | | GALA | | NONE | (d) Total events (add col. (a) through |
| Φ | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 Gross receipts | 73,676 | | | 73,676 |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 73,676 | | | 73,676 |
| | III 0 2) | , | | | , |
| | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| suses | 6 Rent/facility costs | | | | |
| Direct Expenses | 7 Food and beverages | | | | |
| Direc | 8 Entertainment | | | | |
| | 9 Other direct expenses | 5,562 | | | 5,562 |
| | 10 Direct expense summary. | Add lines 4 through 9 in column (c | l) | <u> </u> | 5,562 |
| В | | otract line 10 from line 3, column (oblete if the organization answ | | | 68,114 |
| | | rm 990-EZ, line 6a. | wered tes off form 990 | , i ait iv, line 19, or repo | orted more triair |
| Revenue | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Rev | 1 Gross revenue | | | | |
| | 2 Cash prizes | | | | |
| Expenses | 3 Noncash prizes | | | | |
| Direct E | 4 Rent/facility costs | | | | |
| ⊡ | | | | | |
| | 5 Other direct expenses | Yes% | Yes % | Yes % | |
| | 6 Volunteer labor | No | No | No | |
| | 7 Direct expense summary. | Add lines 2 through 5 in column (c | l) | > | |
| | 8 Net gaming income summ | nary. Subtract line 7 from line 1, co | lumn (d) |) | |
| 9 | Enter the state(s) in which the | organization conducts gaming act | tivities: | | |
| | Is the organization licensed to | conduct gaming activities in each | of these states? | | Yes No |
| | | | | | |
| | Were any of the organization's | s gaming licenses revoked, suspen | | | |
| | If "Yes," explain: | | | | |

| Sche | chedule G (Form 990) 2021 BROADWAY MALL ASSOCIATION INC. | 13-3419786 | | | Page | 3 |
|------|--|---------------------------------|------|-----|------|--------------|
| 11 | 1 Does the organization conduct gaming activities with nonmembers? | | | Yes | П | — No |
| 12 | | | | | _ | |
| | formed to administer charitable gaming? | | | Yes | П | No |
| 13 | | | | | _ | |
| а | | 13a | | | 9 | 6 |
| b | | 13b | | | 9 | - |
| 14 | | books and | | | | _ |
| | records: | | | | | |
| | | | | | | |
| | Name ▶ | | | | | |
| | | | | | | |
| | Address ▶ | | | | | |
| | | | | • | | |
| l5a | 5a Does the organization have a contract with a third party from whom the organization receives gam | ning | | | | |
| | revenue? | | | Yes | | No |
| b | | and the | | | _ | |
| | amount of gaming revenue retained by the third party ▶ \$ | | | | | |
| С | c If "Yes," enter name and address of the third party: | | | | | |
| | | | | | | |
| | Name ▶ | | | | | |
| | | | | | | |
| | Address ▶ | | | | | |
| | | | | | | |
| 16 | 6 Gaming manager information: | | | | | |
| | | | | | | |
| | Name ▶ | | | | | |
| | Opening and a second se | | | | | |
| | Gaming manager compensation ▶ \$ | | | | | |
| | Description of continue provided | | | | | |
| | Description of services provided ▶ | | | | | |
| | Director/officer Employee Independent contractor | | | | | |
| | | | | | | |
| 17 | 7 Mandatory distributions: | | | | | |
| а | | eeds to | | | | |
| | retain the state gaming license? | | | Yes | П | No |
| b | b Enter the amount of distributions required under state law to be distributed to other exempt organi | zations or | | | ш | |
| | spent in the organization's own exempt activities during the tax year ▶ \$ | | | | | |
| Pa | Part IV Supplemental Information. Provide the explanations required by Par | t I, line 2b, columns (iii) and | (v); | and | | |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also pr | | | | | |
| | See instructions. | - | | | | |
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SCHEDULE O (Form 990)

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.

OMB No. 1545-0047 **2021**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization Employer identification number 13-3419786 BROADWAY MALL ASSOCIATION INC. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR FOR ACCURACY. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AND UPON WRITTEN REQUEST. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

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Certified Public Accountants and Advisors

www.kvlsmcpa.com

Michael D. Katz, CPA, ATA Managing Partner Eliot H. Lebenhart, CPA Partner Jay Lipner, CPA Partner Kenneth Lipner, CPA Partner

Randy Sofferman, CPA

Robert J. Mauro, CPA

Anthony J. Viola, CPA

Alexandra L. Starr, CPA

BROADWAY MALL ASSOCIATION INC. (A NON-PROFIT ORGANIZATION) FINANCIAL STATEMENTS DECEMBER 31, 2021

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of Broadway Mall Association Inc.

Michael D. Katz, CPA, ATA Managing Partner

Eliot H. Lebenhart, CPA

Jay Lipner, CPA

Kenneth Lipner, CPA

Robert J. Mauro, CPA

Randy Sofferman, CPA

Anthony J. Viola, CPA

Alexandra L. Starr, CPA

Opinion

We have audited the accompanying financial statements of Broadway Mall Association Inc. (a non-profit organization), which comprise the statement of financial position as of December 31, 2021, and the related statements of activity, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Broadway Mall Association Inc. as of December 31, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Broadway Mall Association Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis of our audit opinion.

Emphasis of Matter

As discussed in Note 3 to the financial statements, Broadway Mall Association Inc. changed their basis of accounting from the modified cash basis of accounting to the accrual basis of accounting as of January 1, 2021. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Broadway Mall Association Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether in the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to
 fraud or error, and design and perform audit procedures responsive to those risks. Such procedures
 include examining, on a test basis, evidence regarding the amounts and disclosures in the financial
 statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures
 that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the
 effectiveness of Broadway Mall Association Inc.'s internal control. Accordingly, no such opinion is
 expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in aggregate, that
 raise substantial doubt about Broadway Mall Association Inc.'s ability to continue as a going
 concern for a reasonable period of time.

We are required to communicate with those charges with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

KVLSM LLF Woodbury, New York September 23, 2022



BROADWAY MALL ASSOCIATION INC. STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2021

ASSETS

| Current Assets: Cash and cash equivalents | \$ | 368,423 |
|---|-----|---------|
| Employee Retention Credit receivable | Ψ | 12,867 |
| Unconditional promises to give (due in less than one year): | | 12,007 |
| Without donor restrictions | | 132,136 |
| With donor restrictions - Time restricted for future periods | | 75,000 |
| | | 588,426 |
| Total Current Assets | | 300,420 |
| Property and Equipment: | | |
| Furniture and equipment, net | | 1,669 |
| | | |
| Other Assets: Unconditional promises to give (due in more than one year): | | |
| Without donor restrictions | | 76,190 |
| Operating lease right-of-use asset, net | | 117,752 |
| Security deposit | | 1,500 |
| Total Other Assets | | 195,442 |
| | | |
| TOTAL ASSETS | \$ | 785,537 |
| LIABILITIES AND NET ASSETS | | |
| Current Liabilities: | | |
| Accounts payable and accrued expenses | \$ | 16,310 |
| Operating lease obligation, current | | 29,321 |
| Total Current Liabilities | | 45,631 |
| Total Cultent Districts | | |
| Long-term Liabilities: | | |
| Operating lease obligation, net of current | | 90,601 |
| TOTAL LIABILITIES | | 136,232 |
| | | |
| Net Assets: | | 617,805 |
| With day or postrictions | | 31,500 |
| With donor restrictions | | |
| TOTAL NET ASSETS | | 649,305 |
| TOTAL LIABILITIES AND NET ASSETS | \$_ | 785,537 |

BROADWAY MALL ASSOCIATION INC. STATEMENT OF ACTIVITY FOR THE YEAR ENDED DECEMBER 31, 2021

| | | OUT DONOR TRICTIONS | WITH DONOR RESTRICTIONS | | | TOTAL | |
|--|----|------------------------|----------------------------|----------|----|---------|--|
| Support and Revenue: | | | | | | | |
| Contributions | \$ | 664,028 | \$ | 37,500 | \$ | 701,528 | |
| Restricted grants | | 5 7 8 | | 75,000 | | 75,000 | |
| Special events revenue | | 73,676 | | - | | 73,676 | |
| Forgiveness of Paycheck Protection Program loans | | 34,407 | | - | | 34,407 | |
| Net assets released from restrictions: | | | | | | | |
| Expenditure of program expenses | | 89,500 | | (89,500) | | | |
| Total Support and Revenue | 13 | 861,611 | N- | 23,000 | | 884,611 | |
| Expenses: | | | | | | | |
| Program | | 475,445 | | 10.75 | | 475,445 | |
| Management and general | | 71,628 | | (5) | | 71,628 | |
| Fundraising | | 85,725 | 11 | 7. | | 85,725 | |
| Total Expenses | 10 | 632,798 | 31 | - | (0 | 632,798 | |
| Change in Net Assets | | 228,813 | | 23,000 | | 251,813 | |
| NET ASSETS - BEGINNING | | 388,992 | | 8,500 | | 397,492 | |
| NET ASSETS - ENDING | S | 617,805 | \$ | 31,500 | \$ | 649,305 | |

BROADWAY MALL ASSOCIATION INC. STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2021

| | I | Program | The state of the s | gement and eneral | Fur | ndraising | Total |
|------------------------------------|----|---------|--|----------------------|-----|-----------|---------------|
| Maintenance and landscaping | \$ | 259,499 | \$ | = | \$ | | \$ 259,499 |
| Compensation | | 163,286 | | 11,663 | | 58,317 | 233,266 |
| Winter lighting | | 31,652 | | - | | - | 31,652 |
| Lease expense | | 11,554 | | 2,889 | | 14,443 | 28,886 |
| Professional fees | | 7,380 | | 20,323 | | 4,950 | 32,653 |
| Gala | | - | | - | | 5,561 | 5,561 |
| Office expense | | - | | 15,212 | | = | 15,212 |
| Other cultivation expenses | | 1,950 | | 7,798 | | = | 9,748 |
| Signage | | - | | - | | 160 | 160 |
| Printing | | - | | - | | 281 | 281 |
| Insurance | | = | | 7,022 | | = | 7,022 |
| Website | | - | | - | | 1,888 | 1,888 |
| Payroll service | | = | | 4,528 | | _ | 4,528 |
| Bank and credit card charges | | 2 | | 2,068 | | | 2,068 |
| Total expenses before depreciation | | 475,321 | | 71,503 | | 85,600 | 632,424 |
| Depreciation | | 124 | | 125 | | 125 | 374 |
| Total Expenses | \$ | 475,445 | S | 71,628 | \$ | 85,725 | \$ 632,798 |

BROADWAY MALL ASSOCIATION INC. STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2021

| Cash Flows From Operating Activities: | |
|--|---------------|
| Change in net assets | \$ 251,813 |
| Adjustment to reconcile change in net assets to net cash provided by operating activities: | |
| Depreciation | 374 |
| Forgiveness of Paycheck Protection Program loans | (34,407) |
| Amortization of operating lease right-of-use asset | 1,628 |
| (Increases) Decreases in Assets: | |
| Promises to pay | (169,841) |
| Prepaid expenses | 383 |
| Increases (Decreases) in Liabilities: | |
| Accounts payable and accrued expenses | 16,310 |
| Net Cash Provided by Operating Activities | 66,260 |
| Cash flows from Investing Activities: | |
| Purchases of fixed assets | (844) |
| Cash flows from Financing Activities: | |
| Proceeds from Paycheck Protection Program loans | 34,407 |
| Net Increase in Cash and Cash Equivalents | 99,823 |
| Cash, and Cash Equivalents - Beginning of Year | 268,600 |
| Cash and Cash Equivalents - End of Year | 368,423 |

NOTE 1. ORGANIZATION AND BUSINESS ACTIVITIES

Broadway Mall Association Inc. (the "Organization") is a non-profit organization incorporated in the State of New York. The Organization was formed for the purpose of providing program services to maintain the malls and median strips on the street called Broadway, located in the Borough of Manhattan, in New York City, for use by the general public. Broadway Mall Association Inc. is an exempt organization for federal income tax purposes under Section 501(c)(3) of the Internal Revenue Code and is not classified as a private foundation. Income is generated primarily from contributions.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a. Basis of Accounting

The Organization's financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

b. Cash and Cash Equivalents

The Organization considers all money market accounts and all highly liquid investments with an original maturity of three months or less to be cash equivalents.

c. Net Assets

The classification of the Organization's net assets and its support, revenue and expenses is based on the existence, or absence, of donor-imposed restrictions. It requires that the amounts for each of the two classes of net assets, without donor restrictions and with donor restrictions, be displayed in a statement of financial position and that the amount of change in each of those classes of net assets be displayed in a statement of activities.

The two classes that comprise Net Assets are defined as follows:

- Without donor restrictions The part of net assets of the Organization that is not subject to donor-imposed restrictions.
- With donor restrictions The part of net assets of the Organization that is subject to donor-imposed restrictions.

d. Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from estimates.

e. Property and Equipment

Property and equipment is recorded at cost when purchased or constructed, or at market value when donated. The Organization capitalizes all expenditures in excess of \$1,000 for property and equipment at cost. Donations are reported as unrestricted support unless the donor has restricted the donated asset for a specific purpose. Expenditures for major renewals and betterment that extend the useful lives of property and equipment are capitalized. Expenditures for maintenance and repairs are charged to expense as incurred.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

f. Revenue and Public Support Revenue

Effective January 1, 2020, the Organization adopted FASB ASC 606, Revenue from Contracts with Customers. ASC 606 and all subsequently issued clarifying Accounting Standards Updates replaced most existing revenue recognized under the accrual basis of accounting. Per the new guidance, revenue is recognized in accordance with a five-step revenue model, as follows: identifying the contract with the customer; identifying the performance obligations in the contract; determining the transaction price; allocating the transaction price to the performance obligations; and recognizing revenue when (or as) the Organization satisfies a performance obligation. ASC 606 also requires expanded disclosures relating to the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers.

The Organization has assessed the application of ASC 606 guidance and determined that revenue recognized pursuant to the new guidance is consistent with previous revenue recognition standards. The amount of revenue recognized primarily from contributions, reflects the expected consideration to be received for providing goods or services to the public.

Contributions and special events revenue are recorded as revenue in the period the services are performed or contribution is received.

g. Special Events

The direct costs of special events include expenses for the benefit of the donor. For example, meals and rental facilities are considered direct costs of special events.

h. Functional Allocation of Expenses

Expenses that can be directly identified with the program or supporting service to which they relate are charged accordingly. Other expenses by function have been allocated among program and supporting service classifications using the basis determined by management to be reasonable.

i. Advertising Expenses

Advertising costs are expensed as incurred.

i. Compensated Absences

Employees of the Organization are entitled to paid vacation and paid sick days depending on job classification, length of service, and other factors. It is not practicable for the Organization to estimate the amount of compensation for future absences. Accordingly, no liability for compensated absences has been recorded in the accompanying financial statements. The Organization's policy is to recognize the costs of compensated absences when actually paid to the employee.

NOTE 3. CHANGE IN ACCOUNTING BASIS

As of January 1, 2021, the Organization decided to change their basis of accounting from the modified cash basis of accounting to the accrual basis of accounting.

The effect of the change in Net Assets at January 1, 2021 is as follows:

| | previously reported | R | Restated |
|--|------------------------|----|----------|
| Net Assets – Beginning (Without Donor Restrictions) | \$ 271,682 | \$ | 388,992 |
| Net Assets – Beginning (With Donor Restrictions) | \$ 5 7 .8 | \$ | 8,500 |

NOTE 4. NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions at December 31, 2021 are as follows:

Maintenance and landscaping

\$ 31,500

NOTE 5. PROPERTY AND EQUIPMENT

Major classes of property and equipment consists of the following at December 31, 2021:

| | Estimated Useful Life - Years | A | mount |
|--------------------------------|-------------------------------|-----|-------|
| Furniture and equipment | 5 | \$ | 2,043 |
| Less: Accumulated Depreciation | | 8 | (374) |
| Net Property and Equipment | | _\$ | 1,669 |

Depreciation expense for the year ended December 31, 2021 was \$374.

NOTE 6. RECENTLY ADOPTED ACCOUNTING PRONOUNCEMENT

On January 1, 2021, the Organization adopted FASB Accounting Standards Codification, or ASC, Topic 842 Leases ("ASC 842"), which requires the recognition of the right-of-use assets and relating operating and finance lease liabilities on the balance sheet for leases with terms of more than twelve months. As permitted by ASC 842, the Organization elected the adoption date of January 1, 2021, which is the date of initial application. Under ASC 842, all leases are required to be recorded on the balance sheet and are classified as either operating leases or finance leases. The lease classification affects the expense recognition in the Statement of Activity. Operating lease charges are recorded entirely in operating expenses. Finance leases charges are split, where amortization of right-of-use asset is recorded in operating expenses and an implied interest component is recorded in interest expenses. The expense recognition for operating leases and finance leases under ASC 842 is substantially consistent with previous accounting standards.

NOTE 6. RECENTLY ADOPTED ACCOUNTING PRONOUNCEMENT (CONTINUED)

The Organization adopted ASC 842 using a modified retrospective transition approach for all leases existing on January 1, 2021. By electing this optional transitional method, information prior to January 1, 2021 has not been restated and continues to be reported under the accounting standards in effect for that period (ASC 840). The most significant impact was the recognition of the operating lease right-of-use assets and obligations for operating leases. Leases classified as operating leases under ASC 840 were classified as operating leases under ASC 842, and the Organization recorded an adjustment of \$146,926 to operating lease right-of-use asset and the related lease liability. The lease liability is based on the present value of the remaining lease payments, determined under ASC 840, discounted using the risk-free rate, the 5-year US Treasury rate, at the effective date of January 1, 2021. The impact of adopting ASC 842 is reflected in the accompanying financial statements. As permitted under ASC 842, the Organization elected several practical expedients that permit us to not reassess (1) whether a contract is or contains a lease, (2) the classification of existing leases, and (3) to use the risk-free rate as an alternative to the incremental borrowing rate.

NOTE 7. CONCENTRATIONS OF CREDIT RISK

- a. Cash Financial instruments that potentially subject the Organization to a concentration of credit risk include cash deposits. The Organization maintains its cash balances at one financial institution located in New York City, which at times, may exceed federally insured limits. The Organization's bank balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 in the aggregate, per financial institution. The Organization has not experienced any losses in such accounts. At December 31, 2021, the maximum loss that would have resulted from the amounts in excess of the FDIC coverage was approximately \$134,800.
- b. **Donors** For the year ended December 31, 2021 two donors represented approximately 34% of total contributions.

NOTE 8. INCOME TAXES

The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and application state law.

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, the Organization may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Organization and various positions related to the potential sources of unrelated business taxable income (UBTI). The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for the year ended December 31, 2021.

The Organization files forms 990 in the U.S. federal jurisdiction and the State of New York. The Organization is generally no longer subject to examination by the Internal Revenue Service for years before 2018.

NOTE 9. PAYCHECK PROTECTION PROGRAM LOANS

On May 4, 2020, the Organization received loan proceeds of \$34,407 pursuant to a promissory note agreement (the "Promissory Note") with TD Bank, N.A. under the Paycheck Protection Program ("PPP"). The PPP, established as part of the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"), provides for loans to qualifying businesses for amounts up to 2.5 times of the average monthly payroll expenses of the qualifying business. The loan and accrued interest were forgivable after twenty-four weeks as long as the borrower uses the loan proceeds for eligible purposes, including payroll, benefits, rent and utilities, and maintains its payroll levels. The Organization's entire PPP loan was forgiven on February 25, 2021 and recorded as income in the December 31, 2020 Statement of Activity.

On February 17, 2021, an additional \$34,407 was received by the Organization under the second round of PPP ("PPP2 Loan") with the same bank. The PPP2 Loan has the same conditions as the PPP Loan and was due to mature on February 12, 2026. During 2021, the Organization applied for forgiveness. On October 22, 2021, the Organization was notified that the entire balance of the PPP2 Loan was forgiven. The loan has been classified to the Statement of Activities as Forgiveness of Paycheck Protection Program loan income.

NOTE 10. EMPLOYEE RETENTION CREDIT

The employee retention credit ("ERC"), as originally enacted on March 27, 2020 by the CARES Act, is a refundable tax credit against certain employment taxes equal to 50% of the qualified wages an eligible employer pays to employees after March 12, 2020, and before January 1, 2021. The purpose of the ERC was to encourage employers to keep employees on the payroll, even if they are not working during the covered period because of the COVID-19 outbreak.

The Organization qualified for federal government assistance through the ERC provisions for payroll tax payments made during 2020. As of December 31, 2021, the Organization's expected one-time refund totaling \$12,867, is included on the Statement of Financial Position as an Employee Retention Credit receivable.

As discussed in Note 16, this amount was received on March 24, 2022.

NOTE 11. LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

The following reflects the Organization's financial assets as of the balance sheet date, reduced by amounts not available for use within one year of the balance sheet date.

| Financial assets at year-end | \$ 666,116 |
|---|---------------|
| Less those unavailable for general | |
| expenditures within one year due to: | - |
| Unconditional promises to give | |
| (due in more than one year) | 76,190 |
| Financial assets available to meet cash needs | |
| for general expenditure within one year | \$ 589,926 |

As part of the Organization's liquidity management, it invests cash in excess of daily requirements in in short-term money market accounts.

NOTE 12. UNCONDITIONAL PROMISES TO GIVE

Unconditional promises to give due in more than one year are recognized at fair value, using present value techniques and a discount rate of 5%, when the donor makes an unconditional promise to give to the Organization.

Unconditional promises to give at December 31, 2021 is as follows:

| Gross unconditional promises to give | \$ 287,136 |
|--------------------------------------|---------------|
| Less: Unamortized discount | (3,810) |
| Net unconditional promises to give | \$ 283,326 |
| Amounts due in: | |
| Less than one year | \$ 207,136 |
| One to five years | 80,000 |
| Gross unconditional promises to give | \$ 287,136 |

NOTE 13. LEASE COMMITMENTS

On August 12, 2020, the Organization has entered into a non-cancellable lease agreement for its office space located in New York, NY which expires on December 31, 2025. This lease has been classified as an operating lease and recorded in accordance with ASC 842 (see Note 6).

Discount rate – operating leases

.36%

Maturities of the Organization's operating lease liabilities are as follows:

| Year Ending December 31, | Amount | |
|------------------------------|--------|---------|
| 2022 | \$ | 28,918 |
| 2023 | | 29,786 |
| 2024 | | 30,679 |
| 2025 | | 31,600 |
| Total | | 120,983 |
| Less: present value discount | | (1,061) |
| Operating lease liabilities | _\$_ | 119,922 |

Lease expense amounted to \$28,886 for the year ended December 31, 2021.

NOTE 14. RISKS AND UNCERTAINTIES

In early March 2020, the COVID-19 virus was declared a global pandemic, and it unfortunately continues to spread rapidly. Business continuity, including supply chains and consumer demand across a broad range of industries and countries, could be severely impacted for months or more, as governments and their citizens take significant and unprecedented measures to mitigate the consequences of the pandemic. Management is carefully monitoring the situation and evaluating its options during this time. No adjustments have been made to these financial statements as a result of this uncertainty.

NOTE 15. CONTRIBUTED SERVICES AND PROPERTY

A substantial number of volunteers donated significant amounts of time to the Organization's program services during the year. No services have been recognized in the accompanying statement of activity for the year ended December 31, 2021 because the criteria for recognition of other volunteer efforts under FASB ASC 958 have not been satisfied.

NOTE 16. EVALUATION OF SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 23, 2022, the date the financial statements were available to be issued.

The Organization received the Employee Retention Credit refund on March 24, 2022.