Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar yea		ng 07-01-2008	and ending 06-30-20	09	D Fundamental	
		pplicable	Please	C Name of organization GRAND CENTRAL PART	NERSHIP INC				entification number
_	fress ch	_	use IRS label or	Doing Business As				13-327581 E Telephone no	
	me cha	_	print or type. See					(212) 883-	2420
	ıal retu		Specific Instruc-	Number and street (or 122 EAST 42ND STREE		not delivered to street addi	ress) Room/suit		ts \$ 12,838,234
	mınatıo		tions.						
	ended			City or town, state or on NEW YORK, NY 10168		4			
App	olication	pending		,					
				ne and address of Pri D CERULLO	ncıpal Officer			his a group return	
				AST 42ND STREET N	0601		affili	ates?	ΓYes Γ Nο
		nt status		ORK, NY 10168	·	-	H(b) Are	all affiliates includ	ed?
I Ta:	x-exem	pt status	№ 501(c)) (3) 4 (Insert no)	4947(a)(1) or	527	-	•	See instructions)
J W	eb sit	e: 🕨 www	w grandcen	tralpartnership org			H(c) Gro	up Exemption Ni	ımber 🟲
К Тур	e of org	janization	Corporat	ion trust association	n		L Year of F	formation 1985 M	State of legal domicile NY
Pa	rt I	Sumi	marv						
	1			e organization's miss	ıon or most sıg	nıfıcant actıvıtıes			
e.		PROMO	TETHEV	ITALITY AND ECON	OMIC GROWT	H OF A BUSINESS IM	PROVEMEN	T DISTRICT LO	CATED IN NYC
Governance									
₩	_	C -		.6.L			- 6 	250/ -6-6-	_
90 <u>4</u>			,			operations or disposed			s 38
	3		_	_		: VI, line 1a) . . . ng body (Part VI, line 1		_	36
Activities &	-			nployees (Part V, line				_	168
Ĭ				olunteers (estimate if				6	0
S A	1			ted business revenue		7a _	0		
				ness taxable income				7b	0
					Pr	ior Year	Current Year		
-	8	Contri	butions and	d grants (Part VIII, lı	ne 1h)			17,875	62,601
anue	9	Progra	ım service	revenue (Part VIII, I	ne 2g)		11,885,182	11,852,501	
Reveni	10			me (Part VIII, column			572,430	443,511	
_	11		•	art VIII, column (A),			204,714	211,150	
	12	12)	revenue—a	ad lines 8 through 11	(must equal P	art VIII, column (A), lı	ne	12,680,201	12,569,763
	13	Grants	and simila	ar amounts paid (Part	IX, column (A), lines 1–3)			0
	14	Benefi	ts paid to c	or for members (Part I	X, column (A),	line 4)			0
SΩ	15	Saları 10)	es, other co	ompensation, employ	ee benefits (Pa	rt IX, column (A), lines	5 –	6,952,364	7,022,054
Expenses	16a	•	sional fund	raising fees (Part IX,	column (A). lır	ie 11e)		3,552,551	0
÷	ь			penses, Part IX, column ([)			
ш	17	•	_	(Part IX, column (A),		, 11f-24f)		6,078,061	5,911,115
	18					X, line 25, column (A))		13,030,425	12,933,169
	19	Reven	ue less exp	oenses Subtract line	18 from line 12	2		-350,224	-363,406
\$ 8 \$ 8 8							Begin	ning of Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Par	rt X, line 16)				28,436,557	26,893,188
A AS	21	Totall	ıabılıtıes (F	Part X, line 26)				24,708,198	23,528,235
# <u>#</u>	22	Netas	sets or fun	d balances Subtract	line 21 from lir	ne 20		3,728,359	3,364,953
Pai	rt II	Sign	ature Blo	ock					
						turn, including accompanyir er (other than officer) is bas			
Plea	se	****			o. propur	(1	0-05-13	,
Sign		Sign	ature of office	er			Date		
Here	2		RED CERULLO						
		Туре	e or print nam	e and title				_	
		Preparer		n Skody		Date	Check If self-	Preparer's PTIN	(See Gen Inst)
Paid		signature	e F william	i Skouy			empolyed •	-	
•	arer's		ame (or yours	SKODY SCOT & CO	CPAS PC			EIN Þ	
Use (Jnly		and ZIP + 4	352 SEVENTH AVE 97	TH FL			-	
				NEW YORK, NY 100	01			Phone no 🕨 (2	
Mayt	he IR	S discus	s this retu	rn with the preparer s	hown above? (See instructions) .			▼Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service expenses \$	11,615,164 Must equal P	art IX, Line 25, column (B).	
4d	Other program services (Describe in (Expenses \$	including grants of \$) (Revenue \$)
	(Code) (Expenses \$	3,113,533 including grants of	\$) (Revenue \$	119,375)
		2442522		440.275
4c	(Code) (Expenses \$ SANITATION PROGRAM INCLUDES MAINTAINI	3,185,229 including grants of ING CLEAN STREETS/ CURBS AND GARBAGE)
4b	(Code) (Expenses \$ PUBLIC SAFETY PROGRAM PROVIDES INCREA THE NEW YORK CITY POLICE DEPARTMENT	2,740,822 including grants of ASED PUBLIC SECURITY THROUGH A COMBIN) DRKING RELATIONSHIP WITH
	INSTALLATION AND MAINTENANCE OF PUBLIC	CFIXTURES		
4a	(Code) (Expenses \$ PUBLIC IMPROVEMENTS IS DESIGNED TO IMP	2,575,580 including grants of		3,628) OJECTS INCLUDING
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and revenue	ns and 4947 (a)(1) trusts are require	ed to report the amount of grants ar	
_	services?			│Yes │ No
3	If "Yes," describe these new services Did the organization cease conducting		it conducts any program	
2	Did the organization undertake any sig the prior Form 990 or 990-EZ?			└ Yes └ No
	The Grand Central Partnership provides supplem property owners, businesses and residents in a		mprovement, visitor information and comm	nercial support services to
_	biletty describe the organization's mission			

art TV	Chec	klist of	Required	Schedules
		KIISL VI	NC quii cu	Schodules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) 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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		No

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	е				
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
		5. Information Returns. Enter -0- if not applicable					
			1a	61			
ь	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable					
			1b	0			
c		he organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	_	ng (gambling) winnings to prize winners?			1c	Yes	
2a		the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax ments</i> filed for the calendar year ending with or within the year covered by this					
	retur		2a	168			
ь	Ifatl	ı least one ıs reported ın 2a, dıd the organızatıon file all required federal employn	nent t	ax returns?			
	Not e:	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	s retur	rn.	2b	Yes	
3а		he organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	_		,,
_		n [?]	• •		3a		No
		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Scho</i>			3b		
4a		iy time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities ac					
		unt)?		, or other illiancial	4a		No
ь	T # " V a	es," enter the name of the foreign country					
		the instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Re</i>	port o	f Foreian Bank and			
		cial Accounts.	,				
5a	Was t	the organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		No
ь	Dıd a	ny taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
_	Tf "Vo	es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclo</i> s <i>ure by Tax-Exemp</i> .	t Entil	ty Pagarding Prohibited	30		
·		helter Transaction?	•	y kegaluling Floilibited	5с		
6a	Did th	he organization solicit any contributions that were not tax deductible?			6a		No
ь	If "Ye	es," did the organization include with every solicitation an express statement th	nat su	ch contributions or gifts			
		not tax deductible?			6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		he organization provide goods or services in exchange for any quid pro quo con	trıbutı	ion of \$75 or	7a		No
		?				ı	
		es," did the organization notify the donor of the value of the goods or services pi			7b		
С		he organization sell, exchange, or otherwise dispose of tangible personal propei		-	7c		N o
a		orm 8282?	7d		-/-		NO
u	11 16	is, indicate the number of Forms 8282 filed during the year	/u				
e	Did th	he organization, during the year, receive any funds, directly or indirectly, to pay	prem	nums on a personal			
	benef	fit contract?			7e		No
f	Did th	he organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No
g	For al	ll contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		No
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi	ıle a F	orm 1098-C as	_		
		red [?]	•		7h		No
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a orting organizations. Did the supporting organization, or a fund maintained by a s					
		ss business holdings at any time during the	pons	ornig organization, nave	8		
	year?	·				<u> </u>	
9	Sectio	on $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did th	he organization make any taxable distributions under section 4966?			9a		
b	Did th	he organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Sectio	on 501(c)(7) organizations. Enter					
а	Initia	ition fees and capital contributions included on Part VIII, line 12	10a				
b		s receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıt						
11	Secti	on 501(c)(12) organizations Enter					
		s income from members or shareholders					
4	_, _,		11a				
b		s income from other sources (Do not net amounts due or paid to other sources					
	agaın	st amounts due or received from them)...........[11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
		es," enter the amount of tax-exempt interest received or accrued during the					
	year		12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

						Yes	NO	
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the ci	rcumstances,				
1a	Enter the number of voting members of the governing body							
Ь	Enter the number of voting members that are independent	1b		36				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				2		Νο	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	•			3		Νο	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockhold	rsons?	7b		Νο			
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken	during the				
а	the governing body?				8a	Yes		
Ь	each committee with authority to act on behalf of the governing body?				8b	Yes		
9a	Does the organization have local chapters, branches, or affiliates?				9a		Νο	
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o			' '	9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it was tescribe in Schedule O the process, if any, the organization uses to review the			-	10		Νο	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section At the organization's mailing address? If "Yes," provide the names and addresses in Sc	,			11		No	

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13		Νo
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

☐ own website ☐ another's website ☑ upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

The Organization 122 EAST 42ND STREET No 601 NEW YORK,NY 10168 (212) 883-2420

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or 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

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

Check this box if the organization did r	not compens	ate any	offic	er, d	lirec	tor, tru	uste	e or key employee		
		Posit tl	(C non (hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				-						
							_			

(A) Name and Title	(B) Average hours per week		on at Institutional Trustee	appl	у)	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		-	\vdash				\vdash			
							_	1.052.121	.1 ^	F4 356
1b Total		• •			•		-	1,053,121	l .	54,356

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶4

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	marviada	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
THE LANDTEK GROUP INC 225 COUNTYLINE RD AMITYVILLE, NY 11701	PLANTING/MAINTENANCE	572,984
THE HELIX GROUP 122 EAST 42ND ST NEW YORK, NY 10168	CONSTRUCTION/MAINTENANCE	316,767
KURT WEISS GREENHOUSES INC 95 MAIN STREET CENTER MORICHES, NY 11934	ORMAMENTAL NURSERY WHOLESALES	145,307
KASPAR WIRE WORKS PO BOX 1127 SHINER, TX 77984	CONSTRUCTION/MAINTENANCE	143,604
EAST COAST VENDING SERVICE PO BOX 606 MONTVALE, NJ 07645	NEWSBOX MAINTENANCE	130,869
2 Total number of independent contractors (including those in 1) who re from the organization		6

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1	a		Revende		312, 313, 01 314
報告	ь	Membership dues					
Contributions, gifts, grants and other similar amounts		1	·				
કે. a∰	С	Fundraising events 10	c				
世紀	d	Related organizations 10					
<u>3</u>	e	Government grants (contributions) 16	=				
ਜ਼ਿੰਨ ਨੂੰ	f	All other contributions, gifts, grants, and	62,601		İ		
音奏		similar amounts not included above	f				
늘	g	Noncash contributions included in	n				
ပ္မ		lines 1a-1f \$		62,601			
	h	Total (Add lines 1a-1f)					
an a			Business Code				
Ĭ	2a	TAX ASSESSMENTS	900,099	11,565,540	11,565,540		
38 %≚	b	OTHER FEES & CONTRACTS	900,099	286,961	286,961		
9.	С						
ž	d		_				
Ř	e						
<u> </u>	f	All other program service revenue	e				
Program Serwice Revenue	g	Total. Add lines 2a-2f					
	3	Investment income (including div	ıdends, ınterest				
		other similar amounts)	· ·	443,511			443,511
	4	Income from investment of tax-exempt	▶				
	4	medice noin investment of tax exempt	bona proceeds				
	5	Royalties					
		(i) Real	(II) Personal				
	6a	Gross Rents 350,000 Less rental 138,850					
	Ь	expenses					
	С	Rental income 211,150 or (loss)					
	d	Net rental income or (loss)		211,150	211,150		
		(ı) Securities	(II) O ther				
	7a	Gross amount	(,				
		from sales of assets other					
	ь	than inventory Less cost or					
	"	other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)	1				
		<u> </u>	. •				
	8a	Gross income from fundraising events (not including					
Φ		\$129,621					
두		of contributions reported on line					
→		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
č		\$15,000	۱				
Other Revenue	ь	Less direct expensesb	129,621				
5	С	Net income or (loss) from fundrais	sing events				
	9a	Gross income from gaming	<u> </u>				
		activities See part IV, line 19					
		Complete Schedule G ıf total exceeds \$15,000					
		·	,				
	ь	Less direct expensesb	,				
	С	Net income or (loss) from gaming					
	10a	Gross sales of inventory, less	<u> </u>				
	LVa	returns and allowances .					
		a	ا <u></u> ا				
	ь	Less cost of goods sold t					
	С	Net income or (loss) from sales o					
		Miscellaneous Revenue	Business Code				
	11a		_				
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	\$				
	12	Total Revenue. Add lines 1h, 2g,	3, 4, 5, 6d, 7d,	12,569,763	12,063,651	0	443,511
		8c, 9c, 10c, and 11e	▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,090,755	803,780	286,975	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	4,519,173	4,178,731		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	51,559	33,757	17,802	
9	Other employee benefits	946,996	892,148	54,848	
10	Payroll taxes	413,571	378,685	34,886	
11	Fees for services (non-employees)				
а	Management				
ь	Legal	59,004	59,004		
С	Accounting	32,080		32,080	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,289,807	1,288,247	1,560	
12	Advertising and promotion				
13	Office expenses	497,418	443,678	53,740	
14	Information technology	45,711		45,711	
15	Royalties				
16	Occupancy	717,929	359,147	358,782	
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	1,144,125	1,144,125		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,453,612	1,449,558	4,054	
23	Insurance	455,480	400,379	55,101	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	MAINTENANCE, REPAIRS, C	160,233	156,111	4,122	
Ь	PROGRAM EXPENSES	53,926	27,814	26,112	
c	EQUIPMENT	1,790		1,790	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	12,933,169	11,615,164	1,318,005	(
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Dart Y	Ralance	Sheet

					(A) Beginning of year		(E End o	
	1	Cash—non-interest-bearing			-328,807	1		,
	2	Savings and temporary cash investments			4,763,319	2		4,976,089
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			87,948	4		26,486
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S			6			
	7	Notes and loans receivable, net		7				
	8	Inventories for sale or use		8				
92	9	Prepaid expenses and deferred charges			269,212	9		271,920
Assets	10a	Land, buildings, and equipment cost basis	10a	37,693,460				
⋖	ь	Less accumulated depreciation Complete Part VI of			•			7 70 4 000
		Schedule D	10b	19,969,197	19,006,927		1	7,724,263
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 $\it Complete Pascende D$		3,891,160	12		3,197,756	
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Schedule D$.		13				
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			746,798	15		696,674
	16	Total assets. Add lines 1 through 15 (must equal line 34)			28,436,557	16	2	6,893,188
	17	Accounts payable and accrued expenses .	519,699	17		582,631		
	18	Grants payable		18				
	19	Deferred revenue		35,039	19		158,234	
	20	Tax-exempt bond liabilities			23,592,085	20	2	2,254,745
<u>. a</u>	21	Escrow account liability		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties	•			23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			561,375	25		532,625
	26	Total liabilities. Add lines 17 through 25			24,708,198	26	2	3,528,235
\$ 0.00		Organizations that follow SFAS 117, check here ► 🔽 and complet hrough 29, and lines 33 and 34.	ete li	nes 27				
anx	27	Unrestricted net assets			3,728,359	27		3,364,953
Balance	28	Temporarily restricted net assets				28		
Ξ	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	d com	plete				
S O	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
45.5	32	Retained earnings, endowment, accumulated income, or other fur				32		
Net 1	33	Total net assets or fund balances			3,728,359			3,364,953
<u>z</u>	34	Total liabilities and net assets/fund balances			28,436,557	34	2	6,893,188
Da	rt VI	Financial Statements and Denorting						
ra	rt XI	Financial Statements and Reporting					Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
ь	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

DLN: 93493133015010

Employer identification number

SCHEDULE A

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

GRANI) CENT	RAL PARTNERS	HIP INC						227501	0	
Da	rt I	Peacon	for Public C	harity Status (to be co	mnleted	hy all or	nanizatio		-327581 Instruct		
				ation because it is (Please					moduce	.10113)	
1				nurches, or association of ch					(A)(i).		
2	Ţ.	•		tion 170(b)(1)(A)(ii). (Attac				-, -(-)(-)	,(.,.		
3	Ţ.			e hospital service organizati			tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)
4	Ţ.	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the									
	•	hospital's name, city, and state									
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	•	_	•	(Complete Part II)		,		- , - g- · ·			
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).		
7	Ī	-	-	ally receives a substantial p						n the aene	ral public
	·	_		o)(1)(A)(vi) (Complete Par						J	,
8	Г		-	ped in Section 170(b)(1)(A)	•	plete Par	tII)				
9			•	ally receives (1) more than			•	ontribution	ns, membe	ership fees	, and gross
		receipts fro	m activities re	lated to its exempt functions	-subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sinesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (S	ee instruc	tions)
11	Γ	An organiz	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to d	arry out t	he purposes of
				orted organizations describe						Section 5	09(a)(3). Check
		a T		type of supporting organiza			ines 11e t nally Integ		n d	□ Type	III - Other
e	\vdash	•		rtify that the organization is			-			' ''	
_	'	•		agers and other than one or			•			•	•
		section 50	9(a)(2)								
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
g		check this		as the organization accepted	d any dift	or contrib	ution from	any of the	1		ı
9		following pe		as the organization acceptos	a a.i., g.i.	0. 00	4	u., o	•		
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) be	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	bove?				11g(iii)
h		Provide the	following inform	mation about the organizatio	ns the org	janization	supports				
			/								
		ame of	(ii) EIN	(iii) Type of organization (described on lines 1-9		s the	1	ou notify		s the	(vii) A mount of
Supported (described on lines 1-9 organization in the organization organization in support? Organization above or IRC section col (i) listed in in col (i) of your col (i) organized								заррон.			
	(See Instructions)) your governing support? in the U.S.?										
		document?									
		Yes No Yes No									
										1	
				1	ı	1	1	1	1	1	1

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you check	keu the box of	1 lille 5, 7, 01	o or Part 1.)				
	ıblic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	12 510	42.200	22 500	17.075		63.601	160.696
	membership fees received (Do not	13,510	43,200	23,500	17,875		62,601	160,686
_	include any "unusual grants ") Tax revenues levied for the organization's						+	
2	benefit and either paid to or expended on	11,293,426	11,857,643	11,895,292	11,885,182		11,852,501	58,784,044
	its behalf	11,233,123	11,037,013	11,033,232	11,003,102		11,032,301	30,701,011
3	The value of services or facilities							
,	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3	11,306,936	11,900,843	11,918,792	11,903,057		11,915,102	58,944,730
5	The portion of total contribution by each							
•	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							58,944,730
	4							
To	otal Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	11,306,936	513,141	11,918,792	11,903,057		11,915,102	58,944,730
8	Gross income from interest, dividends,							
	payments received on securities loans,	389,032	513,141	619,664	572,430		443,511	2,537,778
	rents, royalties and income from similar	303,032	313,141	015,004	372,430		443,311	2,337,770
	sources							
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 IV)							64 400 500
	Total Support (Add lines 7 through 10)							61,482,508
12	Gross receipts from related activities, etc	(See instruction:	s)			12		1,988,778
13	First Five Years. If the Form 990 is for the o	organization's fir	st, second, third	l, fourth, or fifth	tax year as a 5	01(c)		
	organization, check this box and stop here						I	▶ ┌
Co	omputation of Public Support Perce							
14	Public Support Percentage for 2008 (line 6	column (f) divide	ed by line 11 co	lumn (f))		14		95.870 %
15	Public Support Percentage for 2007 Schedu	ule A, Part IV-A	, line 26f			15		95.540 %
	33 1/3% Test - 2008. If the organization did			nd line 14 is 22	1/20/- or more		thic hav	331340 70
10a	and stop here. The organization qualifies as				1/3% of Hiore,	CHECK	tills box	₽ ▽
h	33 1/3% Test - 2007. If the organization did		-		5 is 33 1/3% o	r more	chack thi	
	box and stop here. The organization qualifie				.5 13 55 1/5 70 0	1111016	, check thi	ັ ▶⊏
17a	10% Facts and Circumstances Test - 2008. I	· · · · · · · · · · · · · · · · · · ·			3.16a.or16ba	ind lin	e 14 is 10	
	more, and if the organization meets the "fac	-						
	organization meets the "facts and circumst							▶ □
ь	10% Facts and Circumstances Test - 2007. I							
	more, and if the organization meets the "fac							
	the organization meets the "facts and circuit							▶ ┌
18	Private Foundation. If the organization did i							•
	instructions							▶ □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support	keu tile box o	ii iiile 9,01,Pai	(1.)			
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	(a) 2004	(6) 2003	(0) 2000	(4) 2007	(e) 2000	(I) I Otal
-	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 Tax revenues levied for the						
4	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from line 6)						
т.	tal Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	(4) 2004	(6) 2003	(6) 2000	(4) 2007	(6) 2000	(i) i otai
10a	Gross income from interest, dividends,						
IUa	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
13	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						► □
	munication of Dublic Comment Des						
15	Public Support Percentage for 2008 (line		dad by line 12 a	olumn (fi)		145	
		• •	•	orumni (1))		15	
16	Public Support Percentage for 2007 Sche	aule A, Part IV -	A, line 2/g			16	
		D					
	mputation of Investment Income			40 1 20		 	
17	Investment Income Percentage for 2008 ())	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶□

Part II Supplemental Information. Complete this part to provide the information required by Pa	art II, line 10;
Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (s	see instructions)
Facts and Circumstances Test	

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

If th	, , , ,	t nave NOT filed Form 5768 (election s.," to Form 990, Part IV, Line 5 (Part III)		(n)) Complete Part I-B Do n	ot complete Part II-A
Na	nme of the organization AND CENTRAL PARTNERSHIP INC	zations complete l'art ill			tification number
Par		oy all organizations exempt te the instructions for Schedule		13-3275810 n 501(c) and section	527
1	Provide a description of the or	ganızatıon's dırect and ındırect polit	ıcal campaıgn act	tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	To be completed to for Schedule C for d	oy all organizations exempt etails.)	under section	n 501(c)(3). (See the	instructions
1	Enter the amount of any excis	e tax incurred by the organization ur	nder section 4955	5	\$
2	Enter the amount of any excis	e tax incurred by organization mana	gers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 4	4720 for this year	ر ک	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par		by all organizations exempt s for Schedule C for details.	under section	n 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribi	uted to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	s 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes
5	were made Enter the amount political contributions receive	nd Employer Identification Number (paid and indicate if the amount was i d and promptly and directly delivere action committee (PAC) If additions	paid from the filing d to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

P		organizations exempt under section 501(otion 501(otion 501(h)). (See the instructions for Schedule		'68
	Check If the filing organization	belongs to an affiliated group checked box A and "limited control" provisions apply	•	
	Limits on Lo	bbying Expenditures— ss" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1 a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	0	
c	: Total lobbying expenditures (add line	es 1a and 1b)	0	
d	Other exempt purpose expenditures		12,933,169	
е	• Total exempt purpose expenditures	(add lines 1c and 1d)	12,933,169	
f	columns —	he amount from the following table in both	796,658	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (ente	r 25% of line 1f)	199,165	
h	Subtract line 1g from line 1a Enter -	0- If line g is more than line a	0	
i	i Subtract line 1f from line 1c Enter - (O- if line f is more than line c	0	
j	If there is an amount other than zero	on either line 1h or line 1i, did the organization file Form	n 4720 reporting	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expe	nditures During 4	I-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount	792,355	790,101	801,521	796,658	3,180,635
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,770,953
c	Total lobbying expenditures	0	0	0	0	
d	Grassroots non-taxable amount	198,089	197,525	200,380	199,165	795,159
е 	Grassroots ceiling amount (150% of line d, column (e))					1,192,739
f	Grassroots lobbying expenditures	0	0	0	0	

Рā		by organizations exempt und nder section 501(h)). (See the				ea Fo	rm
	3700 (Ciccion a	nder section sor(ii). (see the	instructions for Schedule C for de	(a)			(b)
			Ye	s	No	An	nount
1		ganization attempt to influence foreign, pt to influence public opinion on a legis					
а	V olunteers?			1			
b	Paid staff or management (inclu	de compensation in expenses reported	on lines c through i)?				
c	Media advertisements?						
d	Mailings to members, legislator	s, or the public?					
e	Publications, or published or bro	padcast statements?					
f	Grants to other organizations fo	r lobbying purposes?					
g	Direct contact with legislators,	their staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, semina	ars, conventions, speeches, lectures, o	rany other means?				
i	Other activities If "Yes," desci	ribe in Part IV					
j	Total lines 1c through						
2a	1: Did the activities in line 1 caus	e the organization to be not described i	n section 501(c)(3)?	I			
ь	If "Yes" enter the amount of any	y tax incurred under section 4912					
С	If "Yes" enter the amount of any	y tax incurred by organization manager	s under section 4912		Ī		
d	If the filing organization incurre	d a section 4912 tax, did it file Form 4	720 for this year?		Ī		
1	· · ·	more) dues received nondeductible by			F	1	res N
2	•	in-house lobbying expenditures of \$2,0			<u> </u>	2	
3		rryover lobbying and political expendit		_		3	
1	section 501(c)(6	by all organizations exempt () if BOTH Part III-A, questions swered "Yes." (See the instruction companies from members	1 and 2 are answered "No" O	R if			
2	ŗ	lobbying and political expenditures <i>(do</i>	not include amounts of political	H	. Р		
_	expenses for which the section		not include amounts of political				
а	Current Year			2	!a \$		
b	Carryover from last year			2	b \$		
c	Total			2	c \$		
3	Aggregate amount reported in s	ection $6033(e)(1)(A)$ notices of nonde	ductible section 162(e) dues	3	\$ \$		
4		ount on line 2c exceeds the amount on carryover to the reasonable estimate of		4	\$		
5	·	political expenditures (line 2c total mi	nus 3 and 4)	_	5 \$		
Pa	art IV Supplemental In				-		
Со		scriptions required for Part I-A, line 1,	Part I-B, line 4, Part I-C, line 5, and Pa	rt II-	B, line	11	
	Ident if ier	Return Reference	Explanation	1			
				_			
		1	T. Control of the Con				

Schedule C	Form 990 or	990F7	2008
Schedule C	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JJULE.	, 2000

Part IV Supplemental Ir	Supplemental Information						
Ident if ier	Return Reference	Explanation					

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization GRAND CENTRAL PARTNERSHIP INC 13-3275810 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part I-D Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

- \$

(ii) Assets included in Form 990, Part X

- \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

F \$

b Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	Organizations Maintaining Collections of I	Art, His	tori	cal Treası	ires, or Othe	r Similar Ass	ets (c	ontinued)
3	Using the organization's accession and other records, check items (check all that apply)	any of th	ie foll	owing that ar	e a significant i	ise of its collectio	n	
а	Public exhibition	d	Г	Loan or exc	hange programs	1		
b	Scholarly research	e	Γ	Other				
с	Preservation for future generations							
4	Provide a description of the organization's collections and ex Part XIV	(plain ho	v the	further the	organization's e	xempt purpose in		
5	During the year, did the organization solicit or receive donati assets to be sold to raise funds rather than to be maintained						Yes	Г No
Par	Trust, Escrow and Custodial Arrangement Part Ip line 9 or reg orted an amount on Form				anızatıon ansv	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other inte included on Form 990, Part X?	rmediary	for c	ontributions	or other assets		Yes	Г No
b	If "Yes," explain why in Part XIV and complete the following	table			-	_		
						A mo	unt	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f	_		
2a	Did the organization include an amount on Form 990, Part X,	line 21?				Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete If the organiza (a)Current Year		were Prior			rt IV, line 10. Three Years Back (al Eour V	oars Bask
1_	Beginning of year balance	<u> </u>	PHOI	real (C)IW	70 Tears back (u)	Tillee fears back (e)roui i	ears back
1a L								
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance he	— eld as						
a	Board designated or quasi-endowment	.14 45						
b	Permanent endowment							
c 3a	Term endowment ► Are there endowment funds not in the possession of the orga	n.=nt.on	- -	ra hald and s	dministered for	th a		
за	organization by	ilization	liial a	ile ileiu aliu a	administered for	tile	Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii))	
b	If "Yes" to 3a(II), are the related organizations listed as requ	ured on S	ched	ule R?		3b		
4	Describe in Part XIV the intended uses of the organization's	endowm	ent fu	nds				
Par	VI Investments—Land, Buildings, and Equipr	ment. S	<u>ee F</u>	orm 990, P	art X, line 10.	1 1		
	Description of investment			Cost or other s (Investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1a L	and							
b B	Guildings]		0
c L	easehold improvements				2,338,871	1,251,811		1,087,060
d E	quipment				379,152	377,664		1,488
e 0)ther				34,975,437	18,339,722	1	6,635,715
	Add lines 1a-1e (Column (d) should equal Form 990, Part X, co	olumn (B,	, line	10(c).)				7,724,263
						Schedule D (Form 9	90) 2008

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 12	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		l of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other Certificates of deposit	3,197,756		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	3,197,756		
		12	
Part VIII Investments—Program Related. S			l of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13	-		
Part IX Other Assets. See Form 990, Part X, (a) Desc			(b) Book value
(2) 2 3 3 3	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(2) 2001. 14.40
Total. (Column (b) should equal Form 990, Part X, col.(B) line	e 15.)		
Part X Other Liabilities. See Form 990, Part	l'		
(a) Description of Liability	(b) A mount		
ederal Income Taxes			
ACCRUED INTEREST	532,625		
February (Column (b) should			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 532,625		

Part	XI Reconciliation of C	<u>hange in Net Assets from Forn</u>	า <u>990</u>	to I	<u>Financial Stateme</u>	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	12,569,763
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	12,933,169
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	-363,406
4	Net unrealized gains (losses) o	n investments				4	
5	Donated services and use of fa	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add lir	nes 4 - 8				9	0
LO		per financial statements Combine lines	3 and	9		10	-363,406
Part		evenue per Audited Financial S			nts With Revenue	per R	eturn
1		r support per audited financial					12,569,763
	statements					1	
2		it not on Form 990, Part VIII, line 12	1		I		
a	Net unrealized gains on invest		—	2a		-	
Ь	Donated services and use of fo		·	2b		4	
C	Recoveries of prior year grants		• -	2c		-	
d	Other (Describe in Part XIV)			2d		-	
e	Add lines 2a through 2d		•			2e	<u> </u>
3	Subtract line 2e from line 1 .			•		3	12,569,763
ŀ		0, Part VIII, line 12, but not on line 1	ı		I		
a		uded on Form 990, Part VIII, line 7b	—	4a		-	
b	Other (Describe in Part XIV)			4b		-	
С	Add lines 4a and 4b			•		4c	0
		d 4c. (This should equal Form 990, Part				5	12,569,763
eiru L		xpenses per Audited Financial r audited financial statements		me	nts with expense	s per	12,933,169
2		t not on Form 990, Part IX, line 25	•			-	12,933,109
- а	Donated services and use of fa		1	2a			
b			. -	2b		1	
c	•	Part IX, line 25		2c		-	
d	Other (Describe in Part XIV)		· .	2d		1	
e e	Add lines 2a through 2d		• L	Zu			C
3	-		•	•		3	12,933,169
, ļ		O, Part IX, line 25, but not on line 1:	•	•			12,933,109
a		uded on Form 990, Part VIII, line 7b	ı	4a	1		
a b			· ·	4b		-	
c	Add lines 4a and 4b		• L	40		4c	C
5		nd 4c. (This should equal Form 990, Par	t I line	. 12		5	12,933,169
	XIV Supplemental Inf	· · · · · · · · · · · · · · · · · · ·	c 1, iiiie	- 10	<u>,</u>		12,933,109
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, 5, Part XII, lines 3, 5				Part XIV	, lines 1b and 2b,
	Ident if ier	Return Reference			Explana	t ion	
					-		

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DLN: 93493133015010

OMB No 1545-0047

IB NO 1343-00-

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the organization GRAND CENTRAL PARTNERSH	IID INC				Employer idei	ntification number																		
GRAND CENTRAL PARTNERSF	TIP INC				13-3275810																			
Part I Fundraising Ac	tivities. Complet	e if the oi	rganızatı	on answered "Yes"	to Form 990, Part IV	, line 17.																		
1 Indicate whether the organ a	:			e ☐ Solicitation of r f ☐ Solicitation of g G ☐ Special fundrain	non-government grants government grants sing events																			
 Did the organization have or key employees listed in If "Yes," list the ten highes to be compensated at leas 	Form 990, Part VII st paid individuals or) or entity entities (f	ın connec undraisei	tion with professional f	undraising activities? ents under which the fui																			
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of		fundraiser have custody or		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No																					
Total	•	<u>'</u>	•																					

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

			(a) Event #1 FUNDRA ISING EVENT	(b) Event #2 (event type)	(c) O ther Events	(Add col	tal Ever (a) thr I (c))	
			(event type)	(event type)	(total number)			
<u>Ф</u>	1	Gross receipts	129,621				129	9,62
Kevelkle	2	Less Charitable						
Φ Ψ		contributions						
	3	Gross revenue (line 1 minus line 2)	129,621				129	9,62
	4	Cash Prizes						
မှာ မ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
<u>7</u>	7	Other direct expenses	129,621				129	9,621
다 다 다	8	Direct expense summary Add lin	es 4 through 7 in column	(d)			129	9,621
2	9	Net income summary Combine III						
ar	t II	Gaming. Complete if the or	ganization answered			orted mor	e than	
	1	\$15,000 on Form 990-EZ, lir		// N D		(d) Total	aamina i	/ Add
Kevelkle			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	col (a) th		
¥	1	Gross revenue						
— မှာ	2	Cash prizes						
ည်	3	Non-cash prizes						
Φ	1	·						
Expenses								
මුරු රජි රජි	4	Rent/facility costs						
oked expe	4							
eda bela Direct Expe	5	•			Yes%			
9000 E900 Clear House	5	Other direct expenses	┌ Yes <u>%</u> ┌ No	┌ Yes% ┌ No	┌────────────────────────────────────			
Direct Expe	5	Other direct expenses	No No	No No	l '			
Creat Expe	5	Other direct expenses Volunteer labor Direct expense summary Add lines	No No s 2 through 5 in column (d)	▶			
eda belo	5 6 7	Other direct expenses Volunteer labor Direct expense summary Add lines	No No s 2 through 5 in column (d)	▶		Yes	No
년 호 - -	5 6 7 8	Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Com	No S 2 through 5 in column (bine lines 1 and 7 in colu ution operates gaming act	Mo	▶		Yes	No
	5 6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Com ter the state(s) in which the organiza the organization licensed to operate	No S 2 through 5 in column (bine lines 1 and 7 in colu ution operates gaming act	Mo	▶	. 9a	Yes	No
년 호 - -	5 6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Com	No S 2 through 5 in column (bine lines 1 and 7 in colu ution operates gaming act	Mo	▶	· 9a	Yes	No
	5 6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Com ter the state(s) in which the organiza the organization licensed to operate	No S 2 through 5 in column (bine lines 1 and 7 in colu ution operates gaming act	Mo	▶	· 9a	Yes	No
[[[]	5 6 7 8 Entt Is 1 If " We	Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Com ter the state(s) in which the organizathe organization licensed to operate 'No," Explain	No S 2 through 5 in column (bine lines 1 and 7 in colu ition operates gaming act gaming activities in each	No d)	No	· 9a	Yes	No
Delica b	5 6 7 8 Entt Is 1 If " We	Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Com ter the state(s) in which the organizathe organization licensed to operate 'No," Explain	No S 2 through 5 in column (bine lines 1 and 7 in colu ition operates gaming act gaming activities in each	No d)	No		Yes	No
[[[]	5 6 7 8 Entt Is 1 If " We	Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Com ter the state(s) in which the organizathe organization licensed to operate 'No," Explain	No S 2 through 5 in column (bine lines 1 and 7 in colu ition operates gaming act gaming activities in each	No d)	No		Yes	No

			Yes	NO
L3	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
4	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address 🟲			
.5a	revenue?	l5a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address			
	Name ►			
	Address 🟲			
.6	Gaming manager information			
	N ame ▶			
	Gaming manager compensation ► \$			
	Description of services provided 🟲			
	Director/officer Employee Independent contractor			
7	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	l7a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year			

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As Filed Data -

DLN: 93493133015010

OMB No 1545-0047

2008

OMB NO 1343-004

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensation Information

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization GRAND CENTRAL PARTNERSHIP INC **Employer identification number**

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I	•		1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t					
	✓ Compensation committee	Г	Written employment contract			
	Independent compensation consultant	[-	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
	(1) (11)	538,867			4,600	7,918	551,385		
	(I) (II)	146,702			3,000	23,520	173,222		
	(I) (II)	198,620			4,000		202,620		
	(ı) (ıı)	168,932			3,400	7,918	180,250		
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
((ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation

DLN: 93493133015010

Schedule K (Form 990)

GRAND CENTRAL PARTNERSHIP INC

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.

Provide descriptions, explanations, and any additional information in Schedule 0.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Provide descriptions, explanations, and any additional in

Employer identification number

										13-32/5	0010			
P	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(a) Issuer Name (b) Issuer EIN (c) CUSIP #		(d) Date	Issued	(e) Issue Price		(f) Description of Purpose		Purpose	(g) Defeased		(h) O n Behalf of Issuer	
											Yes	No	Yes	No
A	GRAND CENTRAL DISTRICT MANAGEMENT ASSOCIATION INC 13-3520221 38526CCA4			02-26-	2004	28,6	558,371	FULL BOND GCPDMA 99	DISCLOS 00 #13-35	URE ON 20221		x		x
Pa	art II Proceeds (Optional for	2008)		•	•			•			•	•		
					A		В	(3	[)		E	
1	Total Proceeds of Issue			2	28,658,371									
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasa	nce Escrows		2	27,764,481									
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds				299,152									
6	Working Capital Expenditures fror	n Proceeds												
7	Capital Expenditures from Procee	ds												
8	Year of Substantial Completion			20	04					<u> </u>				
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding iss	ue?		Х									
10	Were the bonds issued as part of a	an advance refunding	ıssue?	Х										
11	Has the final allocation of proceed	is been made?		Х										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?													
Pa	rt IIII Private Business Use	(Optional for 2008))			•	•						'	
				Α		В	3	C		D)		Ę	
			1	Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1 —	Was the organization a partner in a which owned property financed by		mber of an LLC,											
2	Are there any lease arrangements which may result in private busine	•	nanced property											
For	Paperwork Reduction Act Notice, see th	e Instructions for Form	990.			Cat No 501	93E			S	hedule K	(Form 99	0) 2008	

Schedule K	(Form 990) 2008	
Part III	Private Business Use	(Continued)

			A	E	3	(С	I	D	I	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	A re there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)					T					
			<u> </u>	E			C I	-	D 		E T
1	Has a Form 8038-T been filed wth respect to the bond issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider		•								
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
						1					
6	Did the bond issue qualify for an exception to rebate?										

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

DLN: 93493133015010

OMB No 1545-0047

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Schedule L **Transactions with Interested Persons**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization GRAND CENTRAL PARTNERSHIP INC Employer identification number

1 (a) Name of disqualifie	ed person	person (b) Description of transaction						(c) Corrected			
1 (2)	. прогост		(b) Des	СПРС	on or transe	ac tion				Yes	No
2 Enter the amount of tax imposed on						earui	nder		<u> </u>		1
section 4958								\$ —			
3 Enter the amount of tax, If any, on I			the organization .	•				\$			
Part II Loans to and/or Fron											
To be completed by organiz	ations that answered	"Yes" o	on Form 990, Part	IV, lı	ne 26, or Fo	orm 9	90-E			e 38a	
	(b) Loan to or					l , ,		(f	-	1, ,,	
(a) Name of interested person and	from the	(c)	Original principal	(4)B	nlamaa dua	(e) defa		Appr		1	Vrittei ement
purpose	organization?		amount	(a)B	alance due	""	uit'		board or mmittee?		- III - III
	To From					Yes	No	Yes	No	Yes	No
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									1.03	+
										+	+
											+
											+
											_
(a) Name of interested person			veen interested pe organization	rson	(c)A m	ount o	of grai	nt or ty	pe of	assıst	ance
					1						
art IV Business Transactions											
To be completed by orga	nizations that answ	vered	"Yes" on Form 9	90, F	Part IV, lın	ie 28	a, 28	b, or			
	(b) Relationsh									(e) Sh	
(a) Name of interested person	between interes		(c) A mount of	f (d) Descr		ription of transaction			on '	organizatio revenues	
	person and th organization		transaction				•			Yes	No
ARERT BILLINGGLEV			246	070	79 OFFICE RE			II A	- H	res	+
DBERT BILLINGSLEY	BOARD DIRECTO		340,		s the mana						Νo
	ABR				12nd Stand						
				Į:	:he organiza	atıon f	orlea	sing th	ne		
							cutiv	e office	s		
ETER MALKIN	i	BOARD DIRECTOR		<u> </u>		urexe	TSIDE SPACE -				+
	BOARD DIRECTO	' \	28,			SPAC					Νo
	BOARD DIRECTO		28,	l	OUTSIDE S ORGANIZA	SPAC	I LEA				Νο
	BOARD DIRECTO		28,9	i I	OUTSIDE S ORGANIZA EXTERIOR	SPAC SPAC	LEA E O N	ΙA			Νο
	BOARD DIRECTO		28,	 	OUTSIDE S DRGANIZA EXTERIOR COMMERC	SPAC SPAC IAL O	LEA E O N FFIC	I A E			Νο
	BOARD DIRECTO		28,	 	OUTSIDE S ORGANIZA EXTERIOR	SPACI SPACI SPACIAL O RELA	LEA E O N FFIC TED	I A E			No
	BOARD DIRECTO		28,	 	DUTSIDE S DRGANIZA EXTERIOR COMMERC BUILDING	SPACI SPACI SPACIAL O RELA	LEA E O N FFIC TED	I A E			No
	BOARD DIRECTO		28,	 	DUTSIDE S DRGANIZA EXTERIOR COMMERC BUILDING	SPACI SPACI SPACIAL O RELA	LEA E O N FFIC TED	I A E			No
	BOARD DIRECTO		28,	 	DUTSIDE S DRGANIZA EXTERIOR COMMERC BUILDING	SPACI SPACI SPACIAL O RELA	LEA E O N FFIC TED	I A E			No

OMB No 1545-0047

Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Supplemental Information to Form 990

Name of the organization GRAND CENTRAL PARTNERSHIP INC

Employer identification number

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	DISTRICT-WIDE MAINTENANCE MAINTAINS PREVIOUSLY INSTALLED CAPITAL IMPROVEMENTS Expenses \$ 1081995 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	SOCIAL SERVICES - VOLUNTARY CONTRIBUTIONS TO A SOCIAL SERVICE PROVIDER TO DEAL WITH THE VARIOUS SOCIAL SERVICE ISSUES IN THE DISTRICT Expenses \$ 142821 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program	CORPORATE AFFAIRS PROGRAM PROMOTES THE DISTRICT THROUGH RETAIL DEVELOPMENT, FUNDRAISING, SPECIAL EVENTS, TOURISM AND OTHER PUBLIC RELATIONS Expenses \$ 984930 including grants of \$ 0 Revenue \$ 119375

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	HORTICULTURE ENHANCES THE DISTRICT THROUGH PLANTINGS AND DECORATIONS Expenses \$ 903787 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		PROPERTY OWNERS, COMMERCIAL TENANTS, AND RESIDENTS ARE ELIGIBLE FOR FREE MEMBERSHIP BY FILLING OUT A REGISTRATION CARD OR FORM

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		REGISTERED MEMBERS ELECT THE BOARD OF DIRECTORS AT THE ORGANIZATION'S ANNUAL MEETING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE 990 HAS BEEN REVIEWED BY A GROUP OF PERSONS AUTHORIZED TO REVIEW FINANCIAL AND AUDIT MATTERS PRIOR TO FILING THE FINAL 990 (FILED WITH THE IRS) WILL BE AVAILABLE AT THE NEXT MEETING OF THE BOARD FOR INSPECTION IN ADDITION, UPON REQUEST OF ANY BOARDMEMBER, A COPY WILL BE PROVIDED IF THERE ARE ANY MATERIAL CHANGES, AN AMENDED 990 WILL BE FILED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY BY MONITORING KNOWN RELATIONSHIPS, QUESTIONNAIRES, AND NOTING ANY CHANGES IN DISCLOSED INFORMATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THIS REVIEW INCLUDES RESEARCHING GUIDESTAR, 990S, NY NON-PROFIT NETWORK ANNUAL SALARY SURVEY, PHONE CALLS TO OTHER ORGANIZATIONS TO COLLECT DATA

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, OTHER DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
SCHEDULE L	INDIRECT TRANSACTIONS	THE ORGANIZATION leases space ow ned by the City of New York under the Pershing Square viaduct to develop and operate a restaurant THE ORGANIZATION pays rent, additional rent, and makes a payment in lieu of taxes (PILOT) to the city under the lease Representatives of the city serve as directors of THIS ORGANIZATION THE ORGANIZATION uses space in the Main Concourse of Grand Central Terminal, and in the Grand Central Neighborhood Alliance Office that is under the control of the Metropolitan Transportation Authority (MTA) The Chairman and CEO of the MTA serves as A director of THIS ORGANIZATION

ldentifier	Return Reference	Explanation
SCHEDULE R	ORGANIZATIONS	GCP-GCDMA relationship Pursuant to a management agreement dated July 1991 between Grand Central District Management Association (GCDMA) and Grand Central Partnership (GCP), GCDMA retains GCP to administer the required supplemental services, and turns over all assessment revenues to GCP to finance the delivery of such services in the Grand Central Business Improvement District

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

DLN: 93493133015010

OMB No 1545-0047

2008

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Schedule R (Form 990) 2008

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

GRAND CENTRAL PARTNERSHIP INC 13-3275810 Part I **Identification of Disregarded Entities** Name, address, and EIN of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** (A)
Name, address, and EIN of related organization Legal domicile (state Exempt Code section Primary activity Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity GRAND CENTRAL DISTRICT MANAGEMENT ASSOCIATION INC PROMOTE THE VITALITY AND ECONOMIC GROWTH OF THE 122 EAST 42ND STREET NO 601 NY 501(c)(3) 170(B)(1) (A)(VI) BUSINESS IMPROVEMENT NEW YORK, NY10168 DISTRIC 13-3520221

Cat No 50135Y

(A) Name, address, and EIN of related organization	Prin	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	Predo Income Inves unre	(E) ominant e(related, stment, elated)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate cions?	(I) Code V—UBI amount on Box 20 of K-1	(J) Genera manag partne	al o ging
										Yes	No		Yes	No
Part IV Identification of	Related	l Organizations	Taxable as	a Corporation	or Tru	ıst								
(A) Name, address, and EIN of related org	anızatıon	(B) Primary activity		(C) Legal domicile (state or foreign country)	2	(D) Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of I-of-yea assets	(H) Percentage r ownership		

(6)

Part V	Tran	ısa	ctio	ns v	vith Rela	ate	d C	rga	ni	zat	tions	ıs
												= > .

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No					
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one o	r more related organizations listed in Parts	II-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No					
b	Gift, grant, or capital contribution to other organization(s)			1b		No					
С	Gift, grant, or capital contribution from other organization(s)			1c		No					
d	Loans or loan guarantees to or for other organization(s)			1d		No					
e	Loans or loan guarantees by other organization(s)			1e		No					
f	Sale of assets to other organization(s)			1 f		No					
g	Purchase of assets from other organization(s)			1g		No					
h	Exchange of assets			1h		No					
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No					
_				1j		No					
	Lease of facilities, equipment, or other assets from other organization(s)			1k		No					
	Lettermance of services of membership of fundations for other organization(s)										
				11 1m		No No					
	Sharing of facilities, equipment, mailing lists, or other assets			1n		No					
п	Sharing of paid employees					110					
0	Reimbursement paid to other organization for expenses			10		No					
	Reimbursement paid by other organization for expenses			1p		No					
-											
q	O ther transfer of cash or property to other organization(s)			1q		No					
r	O ther transfer of cash or property from other organization(s)			1r	Yes						
2	If the answer to any of the above is "Yes," see the instructions for information on who must		nships and transaction thresholds								
	(A)	(B) Transaction	(C) Amount Involved								
/4 \	Name of other organization(s)	type(a-r)	Amount involved								
(1)	GRAND CENTRAL DISTRICT MANAGEMENT ASSOCIATION	R		10,6	631,60	1					
(2)											
(2)											
(3)											
(4)											
(5)											

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

								1		
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations	;?	(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	1
			Yes	No		Yes	No		Yes	No
					·				R (Form	2007 2000

Software ID: Software Version:

EIN: 13-3275810

Name: GRAND CENTRAL PARTNERSHIP INC

Form 990, Part VII - Section Aaa

(A) Name and Title (B) A verage hours per week (CD) Reportable compensation from the organization (W-2/1099-100) from the organization (W-2/1099	F) mated t of other ensation n the ation and ated izations
(A) Name and Title (B) A verage hours per week (C) Reportable compensation from the organization (W-2/1099MISC) (W-2/1099MISC) (W-2/1099-MISC) MISC) MISC) MISC) Estimoun compensation from the organization (W-2/1099-MISC) MISC) MICHELLE ADAMS , DIRECTOR ALAN B ABRAMSON , DIRECTOR MILIAM H ANDERSON , DIRECTOR ANTHONY S BIANCO , DIRECTOR 50 X C)	mated t of other ensation n the ation and ated
ALAN B ABRAMSON , DIRECTOR 50 X 0 0 WILLIAM H ANDERSON , DIRECTOR 50 X 0 0 ANTHONY S BIANCO , DIRECTOR 50 X 0 0 LOUIS BRAUSE , DIRECTOR 50 X 0 0	0
WILLIAM H ANDERSON, DIRECTOR 50 X 0 0 ANTHONY S BIANCO, DIRECTOR 50 X 0 0 LOUIS BRAUSE, DIRECTOR 50 X 0 0	0
ANTHONY S BIANCO , DIRECTOR 50 X 0 0 0 LOUIS BRAUSE , DIRECTOR 50 X 0 0	
LOUIS BRAUSE , DIRECTOR 50 X 0 0	0
	0
WILLIAM G COHEN III DIRECTOR 50 X 0	0
MILLIAN G CONER III, BIRECTOR SO X	0
PETER S DUNCAN, DIRECTOR 50 X 0 0	0
DOUGLAS D DURST, DIRECTOR 50 X 0	0
SCOTT STRINGER, DIRECTOR 50 X 0 0	0
JOHN J GILBERT III , DIRECTOR 50 X 0	0
STEPHEN L GREEN , DIRECTOR 50 X 0 0	0
DAVID R GREENBAUM, DIRECTOR 50 X 0	0
PETER S KALIKO W , CHAIRMAN 50 X X 0 0	0
RICHARD KALIKOW, DIRECTOR 50 X 0	0
BRUCE NEVINS, DIRECTOR 50 X 0 0	0
ABY ROSEN, DIRECTOR 50 X 0	0
IRVING SCHNEIDER, DIRECTOR 50 X 0	0
STEVEN SPINOLA , Secretary 50 X X 0 0	0
GEORGE P TWILL , Treasurer 50 X X 0 0	0
JOHN J WHALEN , DIRECTOR 50 X 0	0
ALAN WIENER, DIRECTOR 50 X 0 0	0
WILLIAM THOMPSON, DIRECTOR 50 X 0 0	0
JOHN DONAHUE, DIRECTOR 50 X 0 0	0
MARLA MILLER, DIRECTOR 50 X 0	0
MORRIS MOINIAN, DIRECTOR 50 X 0	0
ANDREW COHEN, DIRECTOR 50 X 0 0	0
PETER MALKIN, DIRECTOR 50 X 0 0	0
HOWARD MILSTEIN, DIRECTOR 50 X 0	0
ANTHONY WESTREICH, DIRECTOR 50 X 0 0	0
ROBERT BILLINGSLEY, DIRECTOR 50 X 0 0	

Form 990, Part VII - Section Aaa

Torris 550/ Fart VII Section Add										
			(C tion (hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
JOHN MASCIALINO , DIRECTOR	50	Х						0	0	0
EDWARD WALLACE , DIRECTOR	50	Х						0	0	0
MICHAEL BLOOMBERG , DIRECTOR	50	Х						0	0	0
CHRISTINE C QUINN , DIRECTOR	50	X						0	0	0
Susan Mendik , Director	50	Х						0	0	0
DENNIS FRIEDRICH , DIRECTOR	50	X						0	0	0
DAVID V POLITANO , DIRECTOR	50	Х						0	0	0
lyle frank , DIRECTOR	50	Х						0	0	0
DANIEL R GARODNICK , DIRECTOR	50	Х						0	0	0
JOHN BICK , DIRECTOR	50	Х						0	0	0
GEORGE KURTH , DIRECTOR	50	Х						0	0	0
ROBERT MIDGETTE , DIRECTOR	50	Х						0	0	0
ELLIOT SANDER , DIRECTOR	50	Х						0	0	0
DAVID SIESKO , DIRECTOR	50	Х						0	0	0
ANDREW LEVIN , DIRECTOR	50	Х						0	0	0
KEITH SCHWARTZ , DIRECTOR	50	Х						0	0	0
DENNIS BRADY , DIRECTOR	50	X						0	0	0
ALFRED CERULLO III , PRESIDENT	45 00			Х		Х		538,867	0	12,518
ROBERT ADINOLFI , ASST TREASURER	45 00			х		х		146,702	0	26,520
PETER LEMPIN , vice president	45 00			Х		Х		198,620	0	4,000
MARC WURZEL , ASST secretary	45 00			Х		Х		168,932	0	11,318