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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2017 calendar year, or tax year beginning 09-01-2017 , and ending 08-31-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
BUSINESSPROFESSIONAL ADVERTISING ASSOCIATION-NEW YORK CHAPTER INC

Doing business as
ANA BUSINESS MARKETING ASSOCIATION - NY CHAPTER

Number and street (or P O box if mail is not delivered to street address) Room/suite
C/O TOM HADLOCK 1192 PARK AVE

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10128

F Name and address of principal officer
TOM HADLOCK
1192 PARK AVE
NEW YORK, NY 10128

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number
13-3352700

E Telephone number
(973) 962-6300

G Gross receipts \$ 130,282

I Tax-exempt status
☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ BMANYC.ORG

K Form of organization
☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1982

M State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO UPGRADE THE QUALITY OF ADVERTISING BETWEEN BUSINESSES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) 3 24

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 23

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 1

6 Total number of volunteers (estimate if necessary) 6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 34 7b

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 28,839 5,870

9 Program service revenue (Part VIII, line 2g) 9 83,766 124,412

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 112,605 130,282

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 250

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 95,443 39,857

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 80,494 107,781

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 18 175,937 147,888

19 Revenue less expenses Subtract line 18 from line 12 19 -63,332 -17,606

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 68,934 39,148

21 Total liabilities (Part X, line 26) 21 18,181 9,000

22 Net assets or fund balances Subtract line 21 from line 20 22 50,753 30,148

Part II Signature Block

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

Sign Here

Signature of officer
TOM HADLOCK SENIOR EXECUTIVE
Type or print name and title

2019-06-19
Date

Paid Preparer Use Only

Print/Type preparer's name
PAUL INGIS

Preparer's signature
PAUL INGIS

Date

Check ☐ if self-employed PTIN
P01454600

Firm's name ▶ Ingis & Company PA Firm's EIN ▶

Firm's address ▶ 1 International Blvd Ste 905
Mahwah, NJ 07495 Phone no (201) 252-2580

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2017)