Use Only

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3/16	<u>J V</u> K F	Action of the state of the stat
61	Activities & Governance	;
R 2 5 201	evenue	1

SE 83	}	<b>9</b>	90 the Treasury	Under section 501(c), 527, or	4947(a)(	ation Exempt  1) of the Internal Revenu- ity numbers on this form	e Code (exc	ept private foundațion	Open to Public		
٥ <i>٠</i> /	Íntern	al Reven	ue Service	► Go to www.ir		m990 for instructions an			Inspection		
	<b>B</b> c	or the	C Name of	lar year, or tax year beginning f organızatıon	OCT	1, 2017 and	d ending S	D Employer identific	ation number		
		Addres change Name change Initial return	POND Doing bi	DEROSA APARTMENTS  usiness as r and street (or P.O. box if mail is ORIOLE DRIVE			Room/suite	E Telephone number	232223		
4		return/ termin- ated  Amend return  Application pendin	City or to SPEA	town, state or province, country IRFISH, SD 57783 and address of principal officer ORIOLE DRIVE, SPI	JEFF SARFIS	CHRISTENSON SH, SD 57783	M'	G Gross receipts \$ 2,902,088.  H(a) Is this a group return for subordinates?  Yes X No  H(b) Are all subordinates included?  Yes No			
.,			mpt status	501(c)(3) X 501(c) (	4 )◀	(insert no.) 4947(a)(1)	) or/ / 527	<b>"</b>	list (see instructions)		
0	K F	orm of		X Corporation Trust	Associ	ation Other ►	L Year	of formation: 1972 N	n number   State of legal domicile: SD		
				pe the organization's mission or				HOUSING AND			
	ŝ			IES FOR THE ELDI							
	Governance	2	Check this bo	ox 🕨 🔲 if the organization	discontinu	ed its operations or dispo	osed of more	than 25% of its net ass			
	Š			ting members of the governing	• .			3	6		
		4	Number of ind	dependent voting members of the	ne governi	ing body (Part-Villipe (b)		4	6		
	Activities &	5	Total number	of individuals employed in cale	ndar year :	2017 (Part V. Tine 2a) V	=D	5	0		
	įį			of volunteers (estimate if neces		151	70	6	6		
	Ę	7 a '	Total unrelate	d business revenue from Part V	III, columr	line #2N 2 2 20	19	7a	0.		
55		b	Net unrelated	business taxable income from	Form 990-	71, IIME_34	+(0)	7b	0.		
2019						OGDEN, L		Prior Year	Current Year		
က	ام	8	Contributions	and grants (Part VIII, line 1h)	•	JOBEN, U	JT L	1,061,375.	269,095.		
2	Revenue	9 1	Program servi	ice revenue (Part VIII, line 2g)				2,582,959.	2,602,712.		
	ě	10	Investment ind	come (Part VIII, column (A), line	s 3, 4, and	d 7d)	L	-21,245.	12,181.		
MAR	œ	11 (	Other revenue	e (Part VIII, column (A), lines 5, 6	6d, 8c, 9c,	10c, and 11e)		29,665.	18,100.		
		12	Total revenue	- add lines 8 through 11 (must	equal Part	VIII, column (A), line 12)		3,652,754.	2,902,088.		
ANNED	$\neg$	13	Grants and sir	milar amounts paid (Part IX, col	umn (A), lı	nes 1-3)		0.	0.		
7	1	14	Benefits paid	to or for members (Part IX, colu	mn (A), lin	ne 4)		0.	0.		
Z		15	Salaries, othei	r compensation, employee ben	efits (Part	IX, column (A), lines 5-10)		0.	0.		
Κ	ses	162		undraising fees (Part IX, column	-			0.	0.		
တ္တ	Expen	ь.		ing expenses (Part IX, column (			0.				
	ŭ	17		es (Part IX, column (A), lines 11				3,236,629.	3,247,007.		
			•	es Add lines 13-17 (must equal				3,236,629.	3,247,007.		
				expenses Subtract line 18 from		,,,,,		416,125.	-344,919.		
	28					•	Be	ginning of Current Year	End of Year		
	age Bes	20	Total assets (F	Part X, line 16)				10,641,190.	12,926,934.		
	Assets or Balances	21		s (Part X, line 26)				10,322,222.	12,961,539.		
	Set			fund balances Subtract line 21	from line	20		318,968.	-34,605.		
	_	rt II	Signature					-			
	Unde	er penal	Ities of perjury,	I declare that I have examined this					knowledge and belief, it is		
								1/16/	79		
	Sign	,	81gnatur	e of officer		Date					
	Here				RESIDE	ENT					
		_		print name and title		<del>_</del> .	-	<del></del>	<del> </del>		
			Print/Type prej	* '	Pro	parer's signa <u>t</u> ure		Date Check	PTIN		
	Paid			BUDAHL, CPA	1,4	Buena.	, l	1/10/19 self-employ			
	Dran			. CACEV DETERIOR	1 L'ULL 19	<u> ~ , ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		Firm's EIM >	46-0403496		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

RAPID CITY, SD 57701

Firm's address 909 ST JOSEPH ST SUITE 101

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No Form 990 (2017)

Phone no. (605)348-1930

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2017) PONDEROSA APARTMENTS, INC	23-7232223	Page 2
Pai	rt III Statement of Program Service Accomplishments	•	,
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission TO PROVIDE HOUSING AND RELATED FACILITIES FOR THE ELDERLY	AND DISABL	ED
	PERSONS OF THE AREA. BASED UPON THEIR RESPECTIVE INCOMES,	RURAL	
	DEVELOPMENT PROVIDES RENTAL ASSISTANCE FOR THE LOW AND VE	RY LOW INCO	ME
	PERSONS FOR MOST BUILDINGS		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	• •	nd
	revenue, if any, for each program service reported	,	
4a	(Code ) (Expenses \$ 3,043,315. including grants of \$ ) (Revenu	es 2,621,	276.)
	PONDEROSA APARTMENTS, INC PROVIDES AND OPERATES 8 APARTME		
	WITH A TOTAL OF 466 UNITS FOR ELIGIBLE ELDERLY OCCUPANTS		
	BY RURAL DEVELOPMENT GUIDELINES. THIS ALSO INCLUDES SUBSI	DIZED MEAL	-
	SERVICE FOR THE ELDERLY.		
4b	(Code) (Expenses \$ including grants of \$) (Revenu	e \$	)
_			
4c	(Code) (Expenses \$) (Revenu	e\$	)
			<del></del>
	<del></del>		
			<del></del>
	Other program conjuges (Describe in Schedule O.)	<del></del>	
4d	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$	<b>\</b>	
	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 3,043,315.	1	
<del></del>	- 1 - 20   0 2 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		

Form **990** (2017)

Form	agn	(2017)	

Yes No

Form 990 (2017) PONDEROSA APARTMENTS, INC [Part][V] Checklist of Required Schedules

2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization required to complete Schedule B, Schedule of Contributors? 4 Section 501(c)(3) organizations. Did the organization again activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part II' 5 Is the organizations. Did the organization again of the organization activities on the all of the organization in the treatment of the organization as defined in Revenue Procedure C, Part III' 6 Did the organization mental analy donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts and trinsfor accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such that the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or nistonic structures? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, circ provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IVI 10 Did the organization report an amount for leaf by the properties Schedule D, Part VI 11 If the organization report an amount for leaf by the properties Schedule D, Part VI 12 Did the organization report an amount for other labilities in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for other labilities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complet	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yeys, complete Schedule C, Part II Section 501(R) election in effect during the tax year? If Yeys, "complete Schedule C, Part II Is the organization as section 501(R) election in effect during the fat year? If Yeys," complete Schedule C, Part II Is the organization as section 501(R) (501) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19? If Yeys," complete Schedule C, Part II Is Did the organization markins any donor advised funds or any similar durisd or accounts? If Yeys, complete Schedule D, Part II Is Did the organization revenue fool as conservation assement, including easements to preserve pene pasce, the environment, historic land areas, or historic structures? If Yeys, "complete Schedule D, Part II Is Did the organization maintain collections of works of art, historical treasures, or other smaller assets? If Yeys, "complete Schedule D, Part II Is Did the organization maintain collections of works of art, historical treasures, or other smaller assets? If Yeys, "complete Schedule D, Part II Is Did the organization and amounts for intrody a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-sendowments? If Yeys, "complete Schedule D, Part IV If If the organization report an amount for intrody the following questions is Yeys," then complete Schedule D, Part IV II If the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If Yeys, "complete Schedule D, Part IV II Is Did the organization report an amount for investments - organization and part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If Yeys, "complete Schedule D, Part IV II Did the organization report an amount for other lassets in Part X, line 12 that is 5% or mor		If "Yes," complete Schedule A	1		<u> </u>
public office? If "Yes," complete Schedule C, Part II  Section 501(\$) organizations. Dut the organization engage in lobbying activities, or have a section 501(\$) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization in section 501(\$)(\$), 501(\$)(\$), or 501(\$)(\$) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9819? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the night to provide advise on the distribution or investment of amounts an such funds or accounts? If "Yes," complete Schedule D, Part III  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical arreas, or historic structures? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III  Did the organization report an amount for line organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for investments - organization, hold assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for investments - organization services?  Did the organization report an amount for investments - organization services?  Did the organization report an amount for ormanization assets in Part X, line 16? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for ormanization assets in Part X, line 18? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for orther liabilities in Part X, line	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	
Section \$51(x)(3) organizations. Did the organization engage in lobbying activities, or have a section \$51(t)) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section \$51(x)(4), 501(x)(5),	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
dump the tax yea? "I" Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) or solito(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?    ""es," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts of which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts"    "Yes," complete Schedule D, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the might to provide advise on the distribution of any similar funds or accounts for which donors have the might to provide advise on the complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets?    "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets?    "Yes," complete Schedule D, Part III  Did the organization maintain and collections of works of art, historical treasures, or other similar assets?    "Yes," complete Schedule D, Part III  Did the organization maintain and propriate schedule D, Part III  Did the organization report an amount for land, buildings, and equipment in Part X, line 10?    "Yes," complete Schedule D, Part IV III  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16?    "Yes," complete Schedule D, Part IV III  Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16?    "Yes," complete Schedule D, Part IV III  Did the organization report an amount for other assets in Part X, li			3		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89.19 // 1796, "complete Schedule C, Part III   5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts" // "yes," complete Schedule D, Part III   7 Did the organization revenue - folial a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures" // "yes," complete Schedule D, Part III   8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "yes," complete Schedule D, Part III   9 Did the organization export an amount for Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services" // "yes," complete Schedule D, Part V   11 If the organization saver to any of the following diseases in temporarily restricted endowments, permanent endowments, or quasis-endowments? // "yes," complete Schedule D, Part V   12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // "yes," complete Schedule D, Part V   13 Did the organization report an amount for investments - other securities in Part X, line 10? // "yes," complete Schedule D, Part V   14 Did the organization report an amount for or investments - other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // "yes," complete Schedule D, Part X   15 Did the organization report an amount for or investments in ordities of the secondary	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Revenue Procedure 88-19" (if "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts? (if "Yes," complete Schedule D, Part II  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 III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? (if "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? (if "Yes," complete Schedule D, Part VIII  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-indowments? (if "Yes," complete Schedule D, Part VIII  Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part VIII  Did the organization report an amount for investments - other securities in Part X, line 10? (if "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 125 (if "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other liabilities in Part X, line 25? (if "Yes," complete Schedule D, Part X III  Did the organization report an amount for other liabilities in Part X, line 25? (if "Yes," complete Schedule D, Part X III  With the organization report an amount for other liabilities in Part X, line 25? (if "Yes," complete Schedule D, Part X III  Under the organization report an amount for other liabilities in Part X, line 25? (if "Yes," complete Schedule D, Part X III  Under the organization report an amount for other liabilities in Part X, line 25? (if "Yes," complete Sched		during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 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 B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II B Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II If the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - organization amount for investments - organization Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III X			5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "res," complete Schedule D, Part III  8 Did the organization and in a collections of works of art, historical treasures, or other similar assets? If "res," complete Schedule D, Part III  9 Did the organization amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "res," complete Schedule D, Part IV  10 Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VIII If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Part VIII  10 Did the organization report an amount for investments - other securities in Part X, line 10? If "res," complete Schedule D, Part VIII  11 Did the organization report an amount for meetiments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "res," complete Schedule D, Part VIII  11 Did the organization report an amount for meetiments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "res," complete Schedule D, Part VIII  11 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization and separate or consolidated financial statements for the tax year include a footnote that addresses the organization and separate or consolidated financial statements for the tax year? If "res," complete Schedule D, Part X IIII  12 Did the organization report an amount for other liabilities in Part X, line 12, then completing Schedule E, Part X IIII  13 Is	6				,,
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B Did the organization maintain collections of works of art, historical treasures, or other similar assets? # "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? #"Yes," complete Schedule D, Part IV  Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part SVI, VIII, VIII, DX, or X as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? #"Yes," complete Schedule D, Part VIII  b Did the organization report an amount for investments - other securities in Part X, line 10? #"Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? #"Yes," complete Schedule D, Part VIII  Did the organization report an amount for westments - organize reported in Part X, line 16? #"Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? #"Yes," complete Schedule D, Part X IIII  Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? #"Yes," complete Schedule D, Part X IIII  X  11a X  11b X  11b X  11b X  11c X  11c X  11c X  11c X  11d X	7				
Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part V, IV III, IV, IVII, IV, IVII, IV, IVII, IV, IV			7		I A
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part V   10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   11 If the organization answer to any of the following questions is "Yes," then complete Schedule D, Parts V   12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V   13 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI   13 Did the organization report an amount for investments - program related in Part X, line 16 Part X, line 16? If "Yes," complete Schedule D, Part VI   14 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X   15 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X   16 Did the organization maintain an office, employees, or agents outside of the United States?  16 Did the organization maintain an office, employees, or agents outside of the United States?  17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV   18 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   19 Did the organization report on Part IX, column (A	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			₹.
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Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  X			170		<u> </u>
or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  X  18	b				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  X			14b		х
foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  X  18  X  19  X	15				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 X		-	15		Х
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 X	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  complete Schedule G, Part III  X  18  X  19  X			16		X
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  1c and 8a? // "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"  complete Schedule G, Part III	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  complete Schedule G, Part III			17		X
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"  complete Schedule G, Part III	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-		
complete Schedule G. Part III			18		X
COMDICTE STREETING OF TAIL III	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
		complete Schedule G. Part III		000	

Form 990 (2017) PONDEROSA APARTMENTS, INC
Part IV Checklist of Required Schedules (continued)

			res	1 NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ļ
	Schedule J	23		X
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 lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			х
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		<u> </u>
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	202		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	_36_		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O		990	(0017)

	990 (2017) PONDEROSA APARTMENTS, INC	23-7232	223	Р	age 5
∍Par		•			_
	Check if Schedule O contains a response or note to any line in this Part V				┷┷
		•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 15	4 C#4-	\$ 150 2 6 6 6	10.00
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u>1ь О</u>	14 (P) 17 1 82 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	rtable gaming	<b>2008</b>	2000 2000 2000 2000	13.00
	(gambling) winnings to prize winners?		1c	X	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<b> </b>			
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	7	2b	Ĺ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		15 / Z	11/30	ŠŤ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b_		
	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	hority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial acc		4a		X
b.	If "Yes," enter the name of the foreign country		* · · · · · · · · · · · · · · · · · · ·	, , ,	23 5
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According to the control of	ounts (FBAR)	27, 34		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the o	organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	<b>3-</b>	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or aifts			
	were not tax deductible?	• • · • · •	6b		1
7	Organizations that may receive deductible contributions under section 170(c).		\$136	16 36	7.30
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es provided to the payor?	7a	**********	X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	oo provided to the payor	7b		<del>                                     </del>
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required	<u> </u>		ऻ
С	to file Form 8282?	roquirou	7c		X
		7d	24876	، کے ، ، ا	表卷
a -	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con-		7e		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract		7 <del>f</del>		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g	<u> </u>	† <del></del>
g	If the organization received a contribution of qualified intellectual property, did the organization life room.  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization.		7h		1
_	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b		160, VI	1646	100
8	the contract of the contract o	y uie	8	323135	ئىكتىنىدا.
_	sponsoring organization have excess business holdings at any time during the year?		27, 1824	13.3	
9	Sponsoring organizations maintaining donor advised funds.	,	9a	2587	12:22:3
	Did the sponsoring organization make any taxable distributions under section 4966?				+
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	7.50	1 200
10	Section 501(c)(7) organizations. Enter	، ا دور		V. 1991	, °, °
a	, , , , , , , , , , , , , , , , , , ,	lOa '	ļ.;*.		
		Ob	12.3	9 4 7	10.00
11	Section 501(c)(12) organizations. Enter	أما	134	1 5	13.00
a		<u> 1a                                    </u>		233	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	145		1.2.28% 1.2.28%	
		1b	222	200	. B
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a	304932	1 12 20
	· · · · · · · · · · · · · · · · · · ·	12b	標準	1. 18 A.	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		4.00		3,456)
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	1 &	1.27
	Note. See the instructions for additional information the organization must report on Schedule O				8 30
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			139
	9	13b		~	1, 3
			1 2	A	1.
С	Enter the amount of reserves on hand	13c	~ (** X		7
14a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0.		14a		Х

Form 990 (2017) PONDEROSA APARTMENTS, INC 23-7232223 Page [Part VI] Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		}	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		`	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yeş	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		•	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	,	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		,	
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	*14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	٠, ٢	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	, <del></del>		•
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
· 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	9	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal	
-	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	EVERGREEN MANAGEMENT SERVICES, INC 605-642-8817			
	430 ORIOLE DRIVE SPRAREISH SD 57783			

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#### PONDEROSA APARTMENTS, INC

23-7232223

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organization		orga T	nıza			nper	sate	1		
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average		lo not check m		ck more than one			Reportable	Reportable	Estimated
	hours per					s botl or/trus		compensation	compensation	amount of
	week	-		<u> </u>			Ť	from the	from related organizations	other compensation
	(list any hours for	Individual trustee or director			ł	_		organization	(W-2/1099-MISC)	from the
	related	50.0	age			işë E		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	rast	Institutional trustee		yee	ag E		(,,		and related
	below	grap	ution		ag m	st co	, i			organizations
	line)	ğ	Instit	Officer	Key employee	Highest compensated employee	Fg			
(1) BRYAN WALKER	1.00									
MEMBER		X						0.	0.	0.
(2) DARRIN DONAT	1.00									
PRESIDENT		X		X	Щ			0.	0.	0.
(3) JULIE RICE	1.00	]							_	_
VICE PRESIDENT		X	_	X		_	ļ	0.	0.	0.
(4) LARRY KLARENBEEK	1.00									
MEMBER		X	_	L	<u> </u>	<u> </u>	ļ	0.	0.	0.
(5) PAUL PANKONIN	1.00	ļ								
SECRETARY/TREASURER		Х	_	Х	╙	<u> </u>	<u> </u>	0.	0.	0.
(6) TERRY CAUDILL	1.00	┨								
MEMBER		X	-	_	╙	ļ		0.	0.	0.
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	Section A. Officers, Directors, Trus	itees, Ney Em	pioy	ees,	and	<u> </u>	gnes	it C	ompensated Employee	s (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	,
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	•	Es	stimate	d
		hours per	box, unless person is both an officer and a director/trustee)					n an	1 1			ar	nount (	of
		week (list any	<del> </del>				T	1	from	from related			other	
		hours for	or director				_		the organization	organization (W-2/1099-Mi			pensa	
		related	5 8	stee			nsate		(W-2/1099-MISC)	(** 2 1055 1411	00,	1	anızatı	
		organizations	Individual trustee	Institutional trustee		as A	Highest compensated employee		, , , , , , , , , , , , , , , , , , , ,			•	d relate	
		below	wdual	tution	ا ق	Кеу етрюуее	nest c	Former				org	anızatı	วทร
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1b Sub-to		1			1	<u> </u>	<u> </u>		0.		0.	<del> </del>		0.
	rom continuation sheets to Part V	Il Section A							0.		0.			0.
	add lines 1b and 1c)	n, occaon A							0.		0.			0.
	number of individuals (including but i	not limited to th	ose	liste	d at	oove	e) wh	o re	·	000 of reportabl		·		
	ensation from the organization						•							(
													Yes	No
3 Did the	e organization list any former officer	, director, or tr	uste	e, ke	y er	nplo	yee,	or l	highest compensated er	mployee on				
line 1a	? If "Yes," complete Schedule J for :	such individual										3	$\Box$	X
	y individual listed on line 1a, is the s									he organization				
	lated organizations greater than \$15											4		X
	y person listed on line 1a receive or	•						elate	ed organization or individ	dual for services				37
	ed to the organization? If "Yes." con Independent Contractors	nplete Schedul	e <i>J f</i>	or si	ıch i	oers	on					5		<u> </u>
	ete this table for your five highest co	mponeated inc	lono	ndo	nt co	onte	acto	re th	and recovered more than 9	100 000 of com	00000	tion fr		
	ganization. Report compensation for										pensa	tion in	5111	
	(A)							Ī	(B)	<del></del>	T	((	<del></del>	
	Name and business	address							Description of s	ervices	0		nsatio	1
	EEN MANAGEMENT SER													
430 ORIOLE DR., SPEARFISH, SD 57783 MANAGEMENT SERVICES										<u> </u>	86	<b>1,3</b>	<u> 15.</u>	
								l			•			
								_						
									<del> </del>		ļ		··-	
								-			_			
		<del> </del>						Ц			ļ			
	number of independent contractors ( 200 of compensation from the organ	_	ot lir	nited	d to	thos 1	se lis 1	ted	above) who received me	ore than				

	, -		Check if Schedule O contain	ns a response o	or note to any lin	e in this Part VIII			
				- 1 P		(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ý s	1	a	Federated campaigns	1a	9,875.		11/1/20		
antan	,,		Membership dues	1b			4.47	242	
2 8			Fundraising events	1c					200 C
If S			Related organizations	1d			j.	1.77	
, a			Government grants (contribution	ns) <b>1e</b>	144,246.				
Sign	,		All other contributions, gifts, grants,						
het Het		٠	sımılar amounts not included above		114,974.				
풀		q	Noncash contributions included in lines 1a-			3.00		2.0	
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f			269,095.			A \$1.77 (2.78)
		± 1			Businesš Čode	ANEW YORK DEPOSITE THE STREET		41	
`بو	<b>2</b>	а	RENT REVENUE	<u>.                                    </u>	532000	2,487,791.			
Program Service Revenue		b	LAUNDRY & VENDIN	G	812300	38,636.	38,636.		
Sel		С	CABLE TV		900099	29,981.	29,981.		
am	• •	d	MEALS		900099	3,103.	3,103.		
Pg		é	AC RENT		532000	1,604.	1,604.		
P		f	All other program service revenu	ıe	900099	41,597.	41,597.		
		g	Total. Add lines 2a-2f		<u> </u>	2,602,712.	47.	2/10/20	
	3		Investment income (including di	vidends, intere	st, and				
			other similar amounts)	-	<b>&gt;</b>	11,717.			11,717.
	4		Income from investment of tax-e	exempt bond p	roceeds	*	`		
	5	_	Royalties		<u> </u>	THE REPORT AND REAL PROPERTY OF THE PARTY OF		00000000000000000000000000000000000000	The second secon
			;··	(i) Real	(ii) Personal			500	
	6	а	Gross rents	<u> 18,100.</u>					
			Less rental expenses	0.	•				
			Rental income or (loss)	18,100.		10 100	10 100		
			Net rental income or (loss)		<u> </u>	18,100.	18,100.	727 Sept. 1981 Sept. 1984 Sept. 1	**************************************
	7	а	Gross amount from sales of	(i) Securities	′ (ii) Other				
			assets other than inventory	464.	•	100			
		b	Less cost or other basis	. 0	٠	a financia		1.4	
			and sales expenses	0. 464.					
			Gain or (loss)	404.		464.	464.		
			Net gain or (loss)	<del> </del>		404.	404.		
. e,	8	а	Gross income from fundraising e	• _	, .	5.0		A Parket	
evenue			including \$	of			14,000	(Arthur Land	
Re			contributions reported on line 10	c) See	•,	nonnonnonnonnonnon de esse istor			
Other		_	Part IV, line 18 Less direct expenses	, a	`,			1,000	
, ₹			Net income or (loss) from fundra	usina events		, and the second		,	
			Gross income from gaming activ			1.74	100		
	,		Part IV, line 19	a	, , ,		100	2.15	
		h	Less direct expenses	b	·				
			Net income or (loss) from gamin		<u> </u>		1		BOOK OF THE PARTY
	10		Gross sales of inventory, less re					44.44.	
i			and allowances	"а				of the second	1500000
		b	Less cost of goods sold	` b		<b>建设建</b>			6
	•		Net income or (loss) from sales	of inventory	<b>•</b>	,		7	¥
			Miscellaneous Revenue		Business Code	A STATE OF THE STA	and the		
	11	 a				<i>u</i> 3			
		b			•			•	
		С	•						t
		d	All other revenue	~					
		e	Total. Add lines 11a-11d		<b>&gt;</b>				7.7
	12		Total revenue. See instructions.		<u> </u>	2,902,088.	2,621,276.	0.	11,717.

secu	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 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 domestic organizations							
	and domestic governments. See Part IV, line 21	•		。35公司编纂公司公司。				
2	Grants and other assistance to domestic							
	individuals See Part IV, line 22			The state of the s				
3	Grants and other assistance to foreign		;					
	organizations, foreign governments, and foreign	• 3						
	individuals See Part IV, lines 15 and 16			1.0 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
4	Benefits paid to or for members				Committee of the commit			
5	Compensation of current officers, directors,		•					
_	trustees, and key employees							
6	Compensation not included above, to disqualified .	, ,						
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		•	-				
7	Other salaries and wages				· · · · · · · · · · · · · · · · · · ·			
8	Pension plan accruals and contributions (include			ν				
٥	section 401(k) and 403(b) employer contributions)		· ·					
9	Other employee benefits							
10	Payroll taxes		*		1			
11	Fees for services (non-employees)							
а	Management	844,516.	844,516.	· ·				
b	Legal.	51 <u>.</u> .		51.				
С	Accounting	25,300.		25,300.				
d	Lobbying -							
e	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
9	,	,						
	column (A) amount, list line 11g expenses on Sch O.)	135,101.						
12	Advertising and promotion	4,248.	•	4,248.				
13	Office expenses	171,705.		171,705.				
14	Information technology	2,388.		2,388.				
15	Royalties	598,383.	598,383.					
16	Occupancy -	330,363.	, 330,303.					
17 18	Travel Payments of travel or entertainment expenses							
10	for any federal, state, or local public officials			, ,				
10	Conferences, conventions, and meetings	1,091.	1,091.					
19 20	Interest	158,944.	158,944.		,			
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	442,915.	442,915.					
23	Insurance	145,397.	145,397.					
24	Other expenses. Itemize expenses not covered							
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				1.28 m 3.58 m 3.4			
	amount, list line 24e expenses on Schedule O.)							
а	MAINTENANCE	248,488.	248,488.		,			
b	TAXES	224,402.	224,402.					
С	AUTO EXPENSE	22,679.	22,679.					
d	BAD DEBT	12,823.	12,823.					
	All other expenses	208,576.	208,576.	000 505	<u></u>			
25	Total functional expenses. Add lines 1 through 24e	3,247,007.	3,043,315.	203,692.	0.			
26	Joint costs. Complete this line only if the organization		,					
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.  Check here I (following SOP 98-2 (ASC 958-720)							
	One on tiere           following SOP 98-2 (ASC 958-720)		1	Ī	Ī			

Form 990 (2017)

Part X Balance Sheet

Pa	t X	Balance Sheet	· · · · · · · · · · · · · · · · · · ·		
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing	219,826.	1	318,227.
•	2	Savings and temporary cash investments	2,407,762.	2	2,162,085.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	65,479.	4	94,289.
	5	Loans and other receivables from current and former officers, directors,		2.0%	25 4 9 1
		trustees, key employees, and highest compensated employees Complete			
	l	Part II of Schedule L		5	·
	6	Loans and other receivables from other disqualified persons (as defined under	The Cartesian Control		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	12 3 3 3		
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
v		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	8,319.	8	19,548.
- ,	9	Prepaid expenses and deferred charges .	145,397.	9	153,453.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 22,427,896	•	(40.52	-
	b	Less accumulated depreciation 10b 12,417,071	. 7,625,048.	10c	10,010,825.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	,
	13	Investments - program-related See Part IV, line 11	169,359.	13	168,507.
	14	Intangible assets		14	
	<u></u>	Other assets See Part IV, line 11		15	10.005.004
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,641,190.	16	12,926,934.
	17	Accounts payable and accrued expenses	1,056,078.	17	909,404.
	18	Grants payable	17 615	18	25 025
	. 19	Deferred revenue	17,615.	19	25,925.
	20	Tax-exempt bond liabilities	100 070	20	196,759.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	192,070.	21	196,739.
es	22	Loans and other payables to current and former officers, directors, trustees,			
ŧ		key employees, highest compensated employees, and disqualified persons			
Liabilities	· .	Complete Part II of Schedule L	9,056,459.	22	11,829,451.
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	J, 030, 4331	24	11,025,451.
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	10,322,222.	26	12;961,539.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			4 154
'n		complete lines 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets	318,968.	27	-34,605.
alar	28	Temporarily restricted net assets		28	
ä	29	Permanently restricted net assets		29	
Ě		Organizations that do not follow SFAS 117 (ASC 958), check here			7.30
P.		and complete lines 30 through 34.	420-2		100000000000000000000000000000000000000
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	318,968.	33	-34,605.
	34	Total liabilities and net assets/fund balances	10,641,190.	34	12,926,934.
					Form <b>990</b> (2017)

<u> Form</u>	1990 (2017) FONDEROSA APARIMENTS, INC	<u> </u>	1232223	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets		q		
	Check if Schedule O contains a response or note to any line in this Part XI				
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,24		
3	Revenue less expenses Subtract line 2 from line 1	3	-34		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,9	
5	Net unrealized gains (losses) on investments	5	- {	B,6!	<u>54.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	-34	4,6	<u>05.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			1	X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other			i	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	၁			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	······································		2b	X	<b>.</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis			.	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		<u></u>	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<del></del> -
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			- '	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud			لئندا
	Act and OMB Circular A-133?		3a	Х	<b></b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<del></del>	3b	X	
			Form	<del>9</del> 90 (	(2017)

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** 23-7232223 PONDEROSA APARTMENTS, INC Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. \_\_\_\_ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (v) Amount of monetary (vi) Amount of other (i) Name of supported (III) Type of organization your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

#### 23-7232223 Page 2 Schedule A (Form 990 or 990-EZ) 2017 PONDEROSA APARTMENTS , INC Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization' fails to qualify under the tests listed below, please complete Part III ) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11; column (f) 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar 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 VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more. and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2017

# Schedule A (Form 990 or 990-EZ) 2017 PONDEROSA APARTMENTS, INC Partillij Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Sec	etion A. Public Support	slow, please comp	iete / ait ii j			· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	<b>19</b> 1 = 2.2					
•	membership fees received (Do not				1		
	include any "unusual grants ")	273,932.	277,390.	285,503.	10061375.	269,095.	1116729 <u>5.</u>
2	Gross receipts from admissions,		<u> </u>				
~	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	2727168.	2713901.	2977472.	2582663.	2602712.	13603916.
_	• • • • • • • • • • • • • • • • • • • •	2/2/1001	27133011	23112120	23020031	20027220	200007201
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513				-		<del></del>
4	Tax revenues levied for the organ-						
	ization'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	2001100	0001001	2060055	10644020	0071007	0.4771011
	Total. Add lines 1 through 5	3001100.	2991291.	32629/5.	12644038.	28/180/.	24771211.
7 a	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that	1					
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
C	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)				ļ <b></b>	<u></u>	24771211.
	ction B. Total Support	Γ	<u></u>		· · · · · · · · · · · · · · · · · · ·		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
-	Amounts from line 6	3001100.	2991291.	3262975.	12644038.	28/180/.	24771211.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,			- 056	0.746	00 017	44 200
	and income from similar sources			5,856.	8,716.	29,817.	44,389.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b			5,856.	8,716.	29,817.	44,389.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	3001100.	2991291.	<u>3268831.</u>	<u> 12652754.</u>	2901624.	<u> 24815600.</u>
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage			<del></del>	00.00
15	15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))						
	Public support percentage from 2016			<u> </u>		16	<u>99.84_ %</u>
Sec	tion D. Computation of Inves	tment Income	Percentage			r	
	Investment income percentage for 20			e 13, column (f))		17	.18 %
	Investment income percentage from :					18	.16 %
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	*	-				$\triangleright X$
b	33 1/3% support tests - 2016. If the						and
	line 18 is not more than 33 1/3%, che						▶∐
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10b		Щ_

		23-72	322 <u>2</u>	3 Pa	ige 5
Par	TIV Supporting Organizations (continued)				
•				Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	]	War is	×3.64	
	below, the governing body of a supported organization?		11a		
b	A family member of a person described in (a) above?		11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		11c		-
Sec	tion B. Type I Supporting Organizations		,		
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1 1 1 2 1 T		<b>X</b>
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	,	1	3. 14 C	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		學的漢	7.8	وعبدين .
	controlled the organization's activities. If the organization had more than one supported organization,				
•	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			\$ Y.	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			<b>ं</b> ध्रेष	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			, š. , , , , , , , , , , , , , , , , , ,	100
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		أنكشت		
	supervised, or controlled the supporting organization.		2 -		İ
Sec	tion C. Type II Supporting Organizations				
	ı		2000 0000 0000	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			200	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed	- 5		71254	60 E
	the supported organization(s).		1		
Sec	tion D. All Type III Supporting Organizations				
		,	7 F J	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			<b>1998</b>	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				24 m
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	j	327.22	ELLE	. N. 1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		1	2.75	* Co. 5. 45
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	' .		7	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	. ,	244. N°	200	
	the organization maintained a close and continuous working relationship with the supported organization(s)	,	2	A. Comerca	i Ligarina
3	By reason of the relationship described in (2), did the organization's supported organizations have a				n A
	significant voice in the organization's investment policies and in directing the use of the organization's				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1,126	Ay
	supported organizations played in this regard.		3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).	•		
а	The organization satisfied the Activities Test Complete line 2 below				
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	ty (see instr	uctions)		
2	Activities Test Answer (a) and (b) below.	1	# 1856 ·	Yes	No Gaz kat
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				253
	those supported organizations and explain how these activities directly furthered their exempt purposes,				
	how the organization was responsive to those supported organizations, and how the organization determined	ł			
	that these activities constituted substantially all of its activities	ŀ	_2a ముసు స	3 × 50	in sil
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	]		4.6.3	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1 36.7;	100
	reasons for the organization's position that its supported organization(s) would have engaged in these		ئىتىنىڭد مە	à	-1.684
_	activities but for the organization's involvement	}	<b>2b</b> လုံး (ရက	ا عرف سه	
3	Parent of Supported Organizations Answer (a) and (b) below.			7 A 37	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		المنتشدة		- F.73
	trustees of each of the supported organizations? Provide details in Part VI.	ŀ	3a	87 2 P	SAC M
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			25,27	المستحدث
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		3b		

	dule A (Form 990 or 990-EZ) 2017 PONDEROSA APARTMENTS, IN		2	3-7232223 Page 6
in that to	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must con	nplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Rècoveries of prior-year distributions	2	-	
_3_	Other gross income (see instructions)	3		
•4	Add lines 1 through 3	4		
_5_	Depreciation and depletion	<sub>∞</sub> 5		
6	Portion of operating expenses paid or incurred for production or		4	
	collection of gross income or for management, conservation, or		, .	
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7.	7 ,	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8 -		· · · · · · · · · · · · · · · · · · ·
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		$S_{i}(X_{i})$	
	factors (explain in detail in Part VI)	4.0		
_2	Acquisition indebtedness applicable to non-exempt-use assets	2	,	
_3_	Subtract line 2 from line 1d	· 3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		-	,
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	-	
6	Multiply line 5 by 035	6		, ,
<u>.7</u>	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		,
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The state of the s	
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		•
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	ıntegra	ited Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

23-7232223 Page 7 Schedule A (Form 990 or 990-EZ) 2017 PONDEROSA APARTMENTS, Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2017 Amount for 2017 and the second to Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 a managa ya manamada banamada banamada banamada managa maha da bana ya ta banamada banamada da da banamada da banamada da *b** From 2013 c From 2014 d From 2015 e From 2016 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, 4.7 a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018. Add lines 3j Breakdown of line 7 á Excess from 2013 b Excess from 2014

Schedule A (Form 990 or 990-EZ) 2017



c Excess from 2015
 d Excess from 2016
 e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 PUNDEROSA APARTMENTS, INC	<u> </u>	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition (See instructions)	and 2, Part IV, Section ( Section B. line 1e. Part /	C, ' : V,
	(See instructions)		
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## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

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

2017
Open to Public

Name of the organization

PONDEROSA APARTMENTS, INC

Employer identification number 23-723223

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of 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 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on 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 education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ີ Yes and section 170(h)(4)(B)(ii)? In Part XIII, 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 III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X

	dule D (Form 990) 2017 PONDERO	SA APARTMEI	NTS,	INC				23-72	32223	Page 2
Pai	tillij Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other S	Simila	r Asset	S (continu	ued)
3	Using the organization's acquisition, accessi									
	(check all that apply)									
а	Public exhibition	d	╵╚		hange progr	ams				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizati	on's exemp	t purpo	se in Parl	: XIII	
5	During the year, did the organization solicit of	r receive donations of	of art, hi	storical treas	sures, or oth	er sımılar as	sets			
	to be sold to raise funds rather than to be ma								Yes	No_
P <sub>a</sub>	tilVi Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on F	orm 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custode	an or other intermed	ary for	contribution	s or other as	sets not inc	luded		_	
	on Form 990, Part X?								Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing 1	table						
		,					<u> </u>		Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F					-	?	[3	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.									X
[Fai	Endowment Funds. Complete				1				<del></del>	
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d	) Three y	years back	(e) Four	ears back
1a	Beginning of year balance								<u> </u>	
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships								ļ	
е	Other expenditures for facilities									
	and programs								1	
f	Administrative expenses								<del> </del>	
9	End of year balance	L			<u> </u>				<u> </u>	
2	Provide the estimated percentage of the curr	ent year end balance	(line 1	g, column (a)	) held as					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion tha	it are held ar	nd administe	red for the	organiza	ation	_	<del></del>
	by									<u>res No</u>
	(i) unrelated organizations								3a(i)	<del></del>
	(ii) related organizations								3a(ii)	-
b	If "Yes" on line 3a(ii), are the related organiza								3b	
IDa.	Describe in Part XIII the intended uses of the tiVII Land, Buildings, and Equipm		vment 1	runds						
[I-Cal			David IV	/ line 11= C	000	David V. Iva	- 10			
	Complete if the organization answere			I				. т		
	Description of property	(a) Cost or o basis (investr		1 ''	or other	(c) Acc			(d) Book	value
	Lond	Dasis (investin		<del></del>	(other)	depre	eciation		400	355
	Land			•	<u>2,355.</u> 7,839.	10 01	0 2	16		,355.
	Buildings			13,61	1,037.	10,83	77,4	# O •	3,038	<u>,593.</u>
	Leasehold improvements			1 20	2,011.	0.0	3,7	53	110	250
	Equipment Other				5,691.		24,0		6,121	<u>,258.</u>
	. Add lines 1a through 1e (Column (d) must e	aual Form 000, B=±	V 001:				1 <del>1</del> 7 U		0.010	

<ul> <li>Complete if the organization answered "Yes"</li> </ul>		line 11b See Form 990	0, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o	f valuation Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests			<u> </u>	<del> </del>
(3) Other			<del></del>	
(A)				<u> </u>
(B)				
(C)				• •
(D)			<del></del>	
(E)				
(F)				
(G)			<del> </del>	
(H)		b (*) by de 7 m d	and the first of the second and the second s	100 - 00 - 00 - 00 - 00 - 00 - 00 - 00
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		120 KO 3 C 3 C		<b>的现在分词</b> 分别的
Part VIII Investments - Program Related.		•	•	
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method o	f valuation Cost or end	-of-year market value
(1)				· · · · · · · · · · · · · · · · · · ·
(2)				
(3)				
(4)				
(5)				<del></del>
(6)				
(8)				. <u> </u>
(9)				Section Control of the Control of th
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		S. Francisco		
Part IX Other Assets.				•
Complete if the organization answered "Yes"		line 11d. See Form 99	0, Part X, line 15	(h) Flook volve
, (a)	Description		<del></del>	(b) Book value
(1)	-t			
(2)				<del></del> ,
(3)		······································		
(4)			<del> </del>	
<u>(5)</u>				
		<del>-</del>		-
	· ·	·		•
(8)		<del></del>		
(9)		·		
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)	<del></del>		<u> </u>
Part X Other Liabilities.			000 D-+V l 05	
Complete if the organization answered "Yes"	on Form 990, Part IV,	(b) Book value	orm 990, Part X, line 25	AND SECULO SERVINGE
1. (a) Description of liability		(b) Book value	$\dashv$	
(1) Federal income taxes			$\dashv$	
(2)			H-3534	
(3)			<b>⊣</b>	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 25.) ▶I			<b>電響を、公司はケット・ディーの子を</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	O (Form 990) 2017 PONDEROSA APARTMENTS, INC		23-7	232223	Page 4
Part XI	Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				·
	revenue, gains, and other support per audited financial statements		1	<u>2,965</u>	<u>,989.</u>
2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12				
	unrealized gains (losses) on investments	2a -8,654.	1 1		
<b>b</b> Dona	ated services and use of facilities	2b	1 1		
	overies of prior year grants	2c .	1 1		
	r (Describe in Part XIII )	2d 72,555.			
	lines 2a through 2d	•	2e		901.
3 Subt	ract line 2e from line 1		3	2,902,	088.
4 Amo	unts included on Form 990, Part VIII, line 12, but not on line 1	1			
	stment expenses not included on Form 990, Part VIII, line 7b	4a	1 1		
	r (Describe in Part XIII )	_4b			
_	lines 4a and 4b		4c		0.
5 Total	revenue Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	- A Mish F	5	2,902,	088.
Part All	Reconciliation of Expenses per Audited Financial Statem	ents with Expenses per F	teturn	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Г. Т	2 210	ECO
	expenses and losses per audited financial statements		1	3,319,	304.
_	unts included on line 1 but not on Form 990, Part IX, line 25				
	ated services and use of facilities	2a	1 1		
	year adjustments	2b	1		
	r losses	2c 72 555	1 1		
	r (Describe in Part XIII )	2d 72,555.	-	70	c
	lines 2a through 2d		2e		555.
	ract line 2e from line 1		3	3,247,	007.
	unts included on Form 990, Part IX, line 25, but not on line 1	1 . 1			
	stment expenses not included on Form 990, Part VIII, line 7b	4a			
	r (Describe in Part XIII )	4b			•
	lines 4a and 4b		4c	2 247	0.
	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.		5	3,247,	007.
	e descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV lines the and the Dort V line 4	Dod V	line O. Dord V	
	d 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add		, Part X	, line 2, Part X	l,
IIIIES ZU ali	d 4b, and Fart Air, lines 2d and 4b. Also complete this part to provide any add	monal information			
· · · · · ·					
PART 1	IV, LINE 2B:				
PONDE	ROSA APARTMENTS, INC. INCLUDES A LIABILI	TY ON LINE 21 OF	FOR	м 990	
PART X	FOR TENANT SECURITY DEPOSITS.				
	,				
<b>ኮል</b> ዩጥ 3	K, LINE 2:				
I FAIL 2	Y, DINE Z.				
PONDER	ROSA APARTMENTS, INC. IS A SOUTH DAKOTA	NON-PROFIT CORPO	R A ጥ T	ON AND	TS
	The state of the s	THOSE TROUBLE	1411 1	OII IMID	10
EXEMP	FROM FEDERAL INCOME TAX UNDER SECTION	501(C)(3) OF THE	TNT	ERNAI.	
		332 ( 37 ( 37 ) 32 3332			
REVEN	JE CODE. THEREFORE, NO PROVISION FOR INC	OME TAXES HAS BE	EN M	ADE IN	
					-
THE AC	COMPANYING FINANCIAL STATEMENTS.				
		<u> </u>			
paper s	T TIME 2D _ OMIDD ADTHOMADAMA				
PAKT X	XI, LINE 2D - OTHER ADJUSTMENTS:	<del></del>			
TNOTED	ST REDUCTION SUBSIDY			72 5	55
			Cab	72,5	
732054 10-09	• 17		ocned	ule D (Form 9	90) 2017

Schedule D (Form 990) 2017 PONDEROSA APARTMENTS, INC Part XIII Supplemental Information (continued)	23-7232223 Page 5
Supplemental Information (continued)	
DADM VII IING 2D OMUGD ADIIGMMENMG.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
INTEREST REDUCTION SUBSIDY	72,555.
·	
	· · · · · · · · · · · · · · · · · · ·
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	<u> </u>

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Name of the organization

PONDEROSA APARTMENTS TNC **Employer identification number** 23-7232223

25 725225
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UPON THEIR RESPECTIVE INCOMES RURAL DEVELOPMENT PROVIDES RENTAL
ASSISTANCE FOR THE LOW AND VERY LOW INCOME PERSONS FOR MOST OF THE
BUILDINGS.
FORM 990, PART VI, SECTION A, LINE 3:
THE BOARD OF DIRECTORS HAS GIVEN CONTROL OF MANAGEMENT DUTIES TO EVERGREEN
MANAGEMENT SERVICES INC.
•
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 WAS MADE AVAILABLE TO THE BOARD VICE-PRESIDENT BEFORE
FILING.
FORM 990, PART VI, SECTION C, LINE 19:
A COPY OF PONDEROSA APARTMENTS' EXEMPTION APPLICATION AND THE 990 FOR EACH
OF THE PREVIOUS THREE YEARS WILL BE MADE AVAILABLE TO ANY PERSON MAKING A
PERSONAL AND/OR WRITTEN REQUEST FOR THESE DOCUMENTS.
FORM 990, PART XII, LINE 2C:
PONDEROSA HAS A COMMITTEE THAT OVERSEES THE AUDIT.
7.

SCHEDULE R

Department of the Treasury Internal Revenue Service (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2017 Open to Public Inspection

OMB No 1545-0047

Employer identification number 23-7232223 ► Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990. PONDEROSA APARTMENTS, INC Name of the organization

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Parti

(a)	<b>(Q</b> )	(0)	( <del>Q</del>	(e)	€	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling	
of disregarded entity		foreign country)			entity	
						1
						ı
						ı
				•		
						i
						ı
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ions. Complete if the organization and	swered "Yes" on Form 990, Par	t IV, line 34, becaus	e it had one or more re	lated tax-exempt	1
						ı

organizations during the tax year.						
(a)	(q)	(0)	(p)	(e)	(4)	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled
of related organization		foreign country)		status (if section		entity?
				501(c)(3))		Yes No
PIONEER MEMORIAL MANOR - 46-0275287						
930 10TH STREET						
SPEARFISH, SD 57783	HOUSING	SOUTH DAKOTA	501(C)(4)	LINE 4	N/A	×
						_

Schedule R (Form 990) 2017

23-7232223

Page 2

PONDEROSA APARTMENTS, INC

Schedule Ra(Form 990) 2017

[Part III] Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

(j) (k) General or Percentage managing ownership			
(j) General or managing partner? Yes No			
Code V-UBI amount in box 20 of Schedule 4:1 (Form 1065)			
(h) Disproportionate allocations?			
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(		
(d) Direct controlling entity			•
(c) Legal domicile (state or foreign country)			,
(b) Primary activity			
Name, address, and EIN of related organization			

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

į		<u> </u>	، ا	ŀ		l		1		l			l	
	(1)	Saction 512(b)(13) controlled entity?	Yes No	H	 	$\vdash$		$\vdash$		 _			_	
		<u>в</u> с	<u>×</u>			L							-	_
	(h)	Percentage ownership												
		o Per			 	L				ļ			L	 
		of year	2											
	(b)	Share of end-of-year	assa											
				L		_				L				
		total ne												
ĺ	ε	are of incon												
		Share of total income								_				
		Type of entity (C corp, S corp,	,											
	(e)	oe of e												
		, O, J												
		Direct controlling entity												
	9	contra												
		Direct						•						
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	ပ္	Legal domicile (state or foreign	countr											
		<u> </u>					 	<u> </u>					$\vdash$	
		≩												
	<b>Q</b>	y activ												
٠	Ŭ	Primary activity												
		ш												
			_		Γ						Γ	Γ	_	
.		Z s												
		and F												
	(a)	dress, d orga											:	
		Name, address, and EIN of related organization												
		Nan												
,														
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Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 PONDEROSA APARTMENTS, INC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	n Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<del>1</del>	×
c Gift, grant, or capital contribution from related organization(s)				10	×
				19	×
o Loans or loan quarantees by related organization(s)				9	×
				<u>P</u>	
					>
T Dividends from related organization(s)				=	4
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				무	×
i Exchange of assets with related organization(s)				1;	×
j Lease of facilities, equipment, or other assets to related organization(s)				į-	×
k Lease of facilities, equipment, or other assets from related organization(s)				+	×
	inization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			13	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n	×
				10	×
p Reimbursement paid to related organization(s) for expenses				1p	×
q Reimbursement paid by related organization(s) for expenses				10	×
				1	7;
				÷ ;	« ×
s Other transfer of cash of property from related organization(s)		-		2	
2 If the answer to any of the above is "Yes," see the instructions for information on wi	ho must complete the	is line, including covered i	information on who must complete this line, including covered relationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1)					
(2)					
(6)					
(4)					
(5)					
(6)					
732163 09-11-17			Schedule	Schedule R (Form 990) 2017	) 2017

23-7232223

Schedule R (Form 990) 2017 PONDEROSA APARTMENTS, INC

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

Schedule R	R (Form 990) 2017	PONDEROSA	APARTMENTS,	INC	23-7232223	Page 5
Part VII	R (Form 990) 2017  Supplemental Info	rmation.				
<u> </u>	Provide additional inform		a guartians on Schadule	B See instructions		
	Provide additional infon	nation for responses to	o questions on ochequit	e H. See instructions		
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