### EXTENDED TO NOVEMBER 15, 2018

ent of the Treasury

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

For the 2017 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Addres: change GREENVILLE HOUSING CORP. Name change 23-7368244 Doing business as initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 207-695-2134 PO BOX 702 257,687. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ GREENVILLE. ME 04441 H(a) Is this a group return Applica-F Name and address of principal officer: STEPHEN DOUGLASS for subordinates? pending PO BOX 742, GREENVILLE, ME H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ Form of organization: X Corporation Trust Association Other > L Year of formation: 1975 M State of legal domicile: ME Part I Summary Briefly describe the organization's mission or most significant activities. TO PROVIDE LOW INCOME HOUSING TO A3S GANNAOS Governance THE ELDERLY AND LOW INCOME FAMILIES. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 116,607 105,<u>91</u>5. 144,533. 145,905. Program service revenue (Part VIII, line 2g) 128. 10 Investment income (Part VIII, column (A), lines 3, 4, and 75) 83. 5,739. 3,213 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 14e) 264,436 257,687. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0 8,510. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) × 34 b Total fundraising expenses (Part IX, column (D), line 25) 251,346. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 244,865. 244,865 259,856. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 19,571 <2,169.> 200 End of Year **Beginning of Current Year** 773,670 737,208. 20 Total assets (Part X, line 16) 427,531 393,240. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 346,139. 343,968. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than-officer) is based on all information of which preparer has any knowledge. Sign STEPHEN DOUGLASS, PRESIDENT Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 6-19-18 Raushy Bake P00802741 Paid RANDY BAKER Prenarer Firm's name **HAVERLOCK**, **ESTEY & CURRAN** Firm's EIN 01-0271013 Use Only Firm's address ▶ 8 COMMERCE COURT Phone no. 207 - 945 - 5695 HAMPDEN, ME 04444 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

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

Form 990 (2017)

	990 (2017) GREENVILLE HOUSING CORP.	23-7368244 Page 2
Par	t III' Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission.	<u></u>
1	LOW INCOME HOUSING	
	HOW INCOME HOODING	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	pnor 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	The state of the s
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers, the total expenses, and
4-	revenue, if any, for each program service reported.	151 644
4a	(Code) (Expenses \$23,887. including grants of \$) (Rever TO PROVIDE LOW INCOME HOUSING TO THE ELDERLY AND LOW IN	
	40 UNITS	COME FAMILIES,
	40 ONIIS	
4b	(Code) (Expenses \$	enue \$)
		<del></del>
4c	(Code) (Expenses \$ including grants of \$) (Reve	nnua ®
70	(Code ) (Expenses \$ including graits of \$ ) (Neve	inde \$
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$ ) (Revenue \$	
<u>4e</u>	Total program service expenses 223,887.	
		Form <b>990</b> (2017)

23-7368244 Page 3

Form 990 (2017) GREENVILLE HOUSING CORP.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		l	
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	ls.	***	**
	as applicable.	×,	*	. 5.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X_
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		X
18	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	18	<u> </u>	X
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		<u> </u>

Form 990 (2017) GREENVILLE HOUSING CORP. 23-7368244 Page 4
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	į .		
	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 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		<u> </u>
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del>                                     </del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		<del>                                     </del>
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	OFO		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b		ļ ,		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		I	х
oe.	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	'		1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			l
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	34.		
	instructions for applicable filing thresholds, conditions, and exceptions).	۵. ا	%. N. i	100
a	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			١
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	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	1		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	Ì		]
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			(
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		_		

# Form 990 (2017) GREENVILLE HOUSING CORP. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V											
			Yes	No								
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1											
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	,		·								
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ا ن										
	(gambling) winnings to prize winners?	1c	X									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	- 4										
	filed for the calendar year ending with or within the year covered by this return 2a 0			<b>*</b> /								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b										
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>								
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		Ĺ <u> </u>								
4a												
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X								
b	If "Yes," enter the name of the foreign country:	30.5	, i	16.								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	امر فیران										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
	any contributions that were not tax deductible as charitable contributions?	6a		X								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).	٦	" á .	(% )5								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		X								
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			(								
	to file Form 8282?	7с		X								
d	If "Yes," indicate the number of Forms 8282 filed during the year	5.0	2									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f_		<u> </u>								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_	- \									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	` .	1	Ž.v.								
	sponsonng organization have excess business holdings at any time during the year?	8		<del> </del>								
9	Sponsoring organizations maintaining donor advised funds.	1,00	Ť.	* .								
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<i>",</i>	4								
10	Section 501(c)(7) organizations. Enter:	3,	<u>``</u>	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \								
a	Initiation fees and capital contributions included on Part VIII, line 12		86	r <sup>s</sup> x								
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	, š., z., s.										
11	Section 501(c)(12) organizations. Enter:		20									
a	Gross income from members or shareholders	1,3		×								
b	·	Á	25.c.	. 3								
10-	amounts due or received from them.)		سيد	/								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	- , 3	1								
	<del></del>	Z 📆	, \$ X,	· They								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	12-	\$ 47									
a	Note. See the instructions for additional information the organization must report on Schedule O.	13a	86.5	-								
L	Enter the amount of reserves the organization is required to maintain by the states in which the		27.	<b>1</b>								
D	to the state of th			***								
_	organization is licensed to issue qualified health plans		} &									
14a		14a	** '	Х								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b										
	n 100, has a mod a contract to to report those partitioner in 110, provide an explanation in obligadie O		990	(2017)								

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 7			
	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.		· ·	,
ь	Enter the number of voting members included in line 1a, above, who are independent  1b			
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	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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	-		
74	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-/a		
U	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	, da	1	-
_	The governing body?	ث. ۵۰	X	Min
a	Each committee with authority to act on behalf of the governing body?	8a	X	<del>                                     </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		-
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	ton Di i onologimis occilon di requesis information about policies not required by the internal revenue code.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
-	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.		<del></del> ,	\ <u></u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	້າ ີ້ 12a	~	<sup>*</sup> X
с b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_	<del></del>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		<u> </u>
Ŭ	in Schedule O how this was done	12c		ļ
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	*	× 12	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- 3		1
а	The organization's CEO, Executive Director, or top management official	15a	> 32	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		43.9
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		*}. *	1
	taxable entity during the year?	16a	4. *	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	J. 33	**************************************	******
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	l * . I	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	**
	exempt status with respect to such arrangements?	16b	******	
Sec	tion C. Disclosure			
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) and 990-T (Section 501(c)(3)s only) are	vailab	le	
	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	l financ	cial	
	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:			
	DURWARD FERLAND - 207-695-2134			
	GREENVILLE, ME, GREENVILLE, ME 04441			

C	000	(0017)	
-orm	990	(2017)	

#### GREENVILLE HOUSING CORP.

23-7368244

Page 7

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

Check if Schedule O cor	ntains a response or note to an	y 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 n	or any related	orga	ınıza	ation	COL	mpe	nsat	ed any current officer, o	firector, or trustee.	
(A)	(B)			(	C) sitior			(D)	(E)	(F)
Name and Title	Average	(do no		heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	box offi	, unle cer ar	lless person is both an and a director/trustee)			h an tee)	compensation from	compensation from related	amount of other
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	- <del>-</del>	Key employee	Highest compensated employee	her	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	line)	Ē	asu	Officer	₹ §	돌통	퉏			<del></del>
(1) CAROL HARRIS	0.00					ĺ				
VICE PRESIDENT		X	i	X	<u> </u>	<u>ا</u>		0.	0.	0.
(2) ROBERT PATTERSON	0.00				1				_	
TREASURER		X	_	X	<u> </u>	<u> </u>		0.	0.	0.
(3) DIANE BARTLEY	0.00				ļ	1				
DIRECTOR		X	_	<u> </u>	<u> </u>	L		0.	0.	0.
(4) STEPHEN DOUGLASS	0.00								_	
PRESIDENT/SECRETARY		X	<u> </u>	X	<u> </u>	<u> </u>		0.	0.	0.
(5) WILLIAM STEVENS	0.00			İ	Ì	ļ				_
DIRECTOR		X	<u> </u>		<u> </u>	ļ		0.	0.	0.
(6) ALICIA STONE	0.00		ļ		ļ	1				
DIRECTOR		X	ļ	<u> </u>	↓	├_		0.	0.	<u> </u>
(7) JOHN SIMKO	0.00		1			ł				•
DIRECTOR		X	-		<u> </u>	<del> </del>		0.	0.	0.
	<del> </del>									
	<del> </del>	-		-	├-		-			
	<del></del>				ļ					
	<del>                                     </del>	-	-	-	╁	╁				<del></del> _
	<del> </del>			İ	Ì	ĺ				
	<del> </del>	-	-	-	╁	┝				· <del></del>
	<del> </del>				İ					
	<del> </del>		├-	-	<u> </u>	┢	_			
			ļ		ļ	ļ				
		<del> </del>	-	<del>                                     </del>	1	<u> </u>				
		1	İ							
		$\vdash$	-	-	t	<del>                                     </del>				
		1			1					
		1	$I^-$		T					
		l								
			$\vdash$		T	T				
		1	1		1	1				
		1				1				

Section A. Officers, Directors, Trus		<del>لاد ام</del>	<del>CC3</del>			Alle	<u> </u>	Cimpensated Employe	Co (continued)	<del></del>		
(A)	(B) (C) Average Position							(D)	(E)		(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable	Ì	Estimat	
	week					is bot or/trus		compensation from	compensation from related		amount other	
	(list any	ig:						the	organizations		compens	
	hours for	a a	42		ļ	ited		organization	(W-2/1099-MISC	)	from th	1 <del>0</del>
	related organizations	ustee	truste		يو.	suadi		(W-2/1099-MISC)		İ	organiza	
	below	Individual trustee or director	Institutional trustee	_	ploye	ye ye					and rela organizat	
	line)	ind in	Institu	Officer	Key employee	Highest compensated employee	<b>Рог</b> шег				- g	
		<u>.</u>		L.		<u> </u>				$\perp$		
				•	ļ	-	1			- }		
	<del> </del>	<del>  -</del>	<u> </u>	<u> </u>	<del> </del>	<del> </del>	_	<del> </del>		-		
	<u> </u>	1			ļ			Į.				
	<del> </del>	$\vdash$	-	<del> </del>	╁	╁	$\vdash$	<del> </del>		+		
		1			l			Ï				
										$\top$		
				<u> </u>		<u>L</u>		<u> </u>				
		1		ł	l	1	1			1		
	<del> </del>	-	<u> </u>	<del> </del>	├_	├_	<b> </b>	<del> </del>		$\dashv$		
		1										
	<del> </del>	-	<del>  -</del>	├	$\vdash$	╁	$\vdash$	<del> </del>		+		
		†	Į					ľ				
				$\vdash$						$\dashv$		
		<u> </u>				<u>L</u>						
1b Sub-total							<b></b>	0.		0.		0.
c Total from continuation sheets to Part V	II, Section`A							0.		0.		0.
d Total (add lines 1b and 1c)	4   4 - 14 - 14	·			<u> </u>		<u> </u>	0.		0.		0.
2 Total number of individuals (including but a compensation from the organization	not ilmited to tr	iose	liste	ed a	OOV	e) wr	no re	eceived more than \$100	0,000 of reportable			0
Compensation from the organization									<del></del>		Yes	
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y er	nplo	yee.	orl	highest compensated e	mployee on	100	€ 8	1
line 1a? If "Yes," complete Schedule J for				•	٠	•				Ľ	3	_X
4 For any individual listed on line 1a, is the s											1. S	Ĭ.,
and related organizations greater than \$15										<u> </u>	4	X
5 Did any person listed on line 1a receive or					-		elat	ed organization or indiv	idual for services		*.	
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J f	or si	uch	pers	son .		<del></del>	<del></del>		5	X
Complete this table for your five highest co	mnensated in	dens		nt o		racto	re +	hat received more than	\$100,000 of comp	enest	ion from	
the organization. Report compensation for									•	,, ioal	ion nom	
(A)							Ī	(B)			(C)	
Name and business	address	N	INC	<u> </u>			$\perp$	Description of s	services	Cor	mpensation	on_
							1					
							$\dashv$					
							-	<del> </del>	<del></del>			
							- {					
							$\neg$					
<del>_</del> _				_	_		Ī					
				_	_			<del></del>		<del>,                                     </del>	738. ·	5.%
2 Total number of independent contractors	. •	ot li	mite	d to		_	sted	l above) who received n	nore than	, 3°		
\$100,000 of compensation from the organ	ization_			_	'	0				<u> </u>	orm <b>990</b>	(2017)
												12U I / I

		(2017) · GREEN	VILLE HO	USING CO	RP.		23-7368	244 Page 9
Pa	rt VI							<u></u>
		Check if Schedule O cont	ains a response	or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines	ts, and ve 1f	105,915.				
<u>5</u> 6	<u>h</u>	Total. Add lines 1a-1f	<del></del>		105,915.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Program Service Revenue	2 a			Business Code 531110	145,905.	145,905.	2	The first war of
50.0	e	·						
ے ا	f	All other program service reve	enue .		<u></u>			
	9	Total. Add lines 2a-2f	<del></del> :		145,905.	» / ^ * ;	, , *, , , ,	````\```\ <u>```</u>
	3 4 5	Investment income (including other similar amounts). Income from investment of tax Royalties	•	128.			128.	
	6 a	Less. rental expenses	(i) Real	(II) Personal				
	b	a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities	(ii) Other				
Other Revenue	8 a	Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of 1c). See					
₹		<ul> <li>Less: direct expenses</li> <li>Net income or (loss) from fund</li> </ul>	b			大名 的复数节		]
j	9 a	Gross income from gaming ac	-					
	C	Net income or (loss) from gam Gross sales of inventory, less	ning activities	•				
		Less: cost of goods sold  Net income or (loss) from sale  Miscellaneous Revenu	s of inventory					
	11 a			531110	5,739.	5,739.		
	€			>	5,739.		× 35.5 8.53	1 1 1 1 1 1 1
	12	Total revenue. See instructions.		<b>.</b>	257,687.	151,644.	0.	128.

# Form 990 (2017) GREENVILLE HO Part IX Statement of Functional Expenses

7b, 8i	Check if Schedule O contains a respond include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.  Grants and other assistance to domestic organizations	se or note to any line in (A) Total expenses	this Part IX  (B)  Program service	(C)	(D)
7b, 8i	b, 9b, and 10b of Part VIII.		(B) Program service	(C)	(D)
3	Grants and other assistance to domestic organizations		expenses	Management and general expenses	Fundraising expenses
3				`	,
3	and domestic governments. See Part IV, line 21				
3	Grants and other assistance to domestic				3.
!	ındıvıduals. See Part IV, line 22				<u> </u>
ı	Grants and other assistance to foreign			٤ . :	
	organizations, foreign governments, and foreign				
_	ındıvıduals. See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members			* .	
5	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salanes and wages .	7,773.	7,773.		
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<del></del>
	Other employee benefits .				<del></del>
	Payroll taxes	737.	737.	<del></del>	
	Fees for services (non-employees):	45 064		4 = 444	
	Management	<u> 15,961.</u>		15,961.	
	Legal	6,313.		6,313.	
	Accounting	4,600.	<del> </del>	4,600.	
	Lobbying		*, *,		
	Professional fundraising services. See Part IV, line 17	<del></del>	7, %, ,,	20 , 1 , 1	<del></del>
	Investment management fees			· · · · · · · · · · · · · · · · · · ·	<del></del>
_	Other. (If line 11g amount exceeds 10% of line 25,	6 240		6 240	
	column (A) amount, list line 11g expenses on Sch O.)	6,349. 295.		6,349. 295.	
	Advertising and promotion .	2,451.	<del></del>	2,451.	
	Office expenses	2,451.		4,451.	
	Information technology	<del></del>			
	Royalties Occupancy	167,531.	167,531.		<del></del>
	Travel		107,331.	<del></del> _	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	3,706.	3,706.		
	Payments to affiliates	37.000	377000		
	Depreciation, depletion, and amortization	44,140.	44,140.		
	Insurance				
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) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	<u> 259,856.</u>	223,887.	35,969.	0.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here If following SOP 98-2 (ASC 958-720)				

Part X Balance Shee	t
---------------------	---

	ιχ	Check if Schedule O contains a response or note to any line in this Part X			
	_	ensering of the state of the st	(A)	ŗ-	(B)
			Beginning of year		End of year
į	1	Cash - non-interest-bearing		1	4.
	2	Savings and temporary cash investments	119,227.	2	134,800.
1	3	Pledges and grants receivable, net		3	
İ	4	Accounts receivable, net	14,232.	4	6,254.
	5	Loans and other receivables from current and former officers, directors,	· · · · · · · · · · · · · · · · · · ·		
1		trustees, key employees, and highest compensated employees. Complete		ــــــا	لأنشاه شد الله الله
1		Part II of Schedule L		5	<u></u>
[	6	Loans and other receivables from other disqualified persons (as defined under		*,.	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1 12	
1		employers and sponsoring organizations of section 501(c)(9) voluntary	N. B. W. W. W. B.	1 2	la Xialia de
ध		employees' beneficiary organizations (see instr). Complete Part II of Sch L		_6_	
Assets	7	Notes and loans receivable, net	 	7	
⋖	8	Inventories for sale or use	 	8	
	9	Prepaid expenses and deferred charges	9,653.	9	9,729.
	10a	Land, buildings, and equipment: cost or other		\$ .	
]		basis. Complete Part VI of Schedule D 10a 1,748,692.		/	
l	b	Less: accumulated depreciation 10b 1,168,564.	623,870.	10c	580,128.
	11	Investments - publicly traded securities		11	
Ì	12	Investments - other securities See Part IV, line 11		12	
- 1	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
Ì	15	Other assets. See Part IV, line 11	6,688.	15	6,293.
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	773,670.	16	737,208.
Į	17	Accounts payable and accrued expenses	16,048.	17	16,813.
	18	Grants payable		18	
1	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ĺ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,		*, *,	
i i		key employees, highest compensated employees, and disqualified persons		i	3 % L/. k % *
Liabilities		Complete Part II of Schedule L	200 040	22	252 205
_ ]	23	Secured mortgages and notes payable to unrelated third parties	388,248.	_23_	353,395.
1	24	Unsecured notes and loans payable to unrelated third parties	<del></del>	24	<del></del>
l	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12 125		22 022
Ì	06		23,235. 427,531.	25	23,032. 393,240.
	_26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ➤ X and	447,331.	26	
,		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		1,3	
ğ	27		346,139.	, 182 <b>0</b> 7	343,968.
lar	28	Unrestricted net assets	340,139.	27	343,300.
80	29		· <del></del>	28	<del></del>
Net Assets or Fund Balances	2.5	Organizations that do not follow SFAS 117 (ASC 958), check here	<u> </u>	29 ~	1/2 × 10 - 2/2 × 1/4
F		and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal or suggest funds	لأنكستها في مستم المكاللات الماليك الم	30	The second second
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del> </del>
₹	32	Retained earnings, endowment, accumulated income, or other funds		32	<del></del>
§	33	Total and according of with the con-	346,139.	33	343,968.
	34	Total liabilities and net assets/fund balances	773,670.		737,208.
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Form <b>990</b> (2017)

orm	990 (2017) GREENVILLE HOUSING CORP.	<u> 23-736</u>	3244_	Pag	<sub>le.</sub> 12		
Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>			X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	255	7,6	<b>9</b> 7		
2		2		9,8			
3	Total expenses (must equal Part IX, column (A), line 25)						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		$\frac{1}{5,1}$	<u>69 .</u> :		
5	Net unrealized gains (losses) on investments	5		<u>, ,                                  </u>	<u> </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			<2.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				<u> </u>		
	column (B))	10	343	3,9	68.		
Pa	rt XII Financial Statements and Reporting	<u> </u>					
	Check if Schedule O contains a response or note to any line in this Part XII			_			
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1	2 13			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	1 3.	. (1)	· 9		
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	d on a	4 %	<b>*</b>	٠,٠		
	separate basis, consolidated basis, or both:		1, 1:	* **	., 4		
	Separate basis Consolidated basis Both consolidated and separate basis			· \$ [			
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		, ;	C.,		
	consolidated basis, or both:		"	**, .	X,		
	X Separate basis Consolidated basis Both consolidated and separate basis		`;	17.5	, »		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		2x 1			
	review, or compilation of its financial statements and selection of an independent accountant?	-	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		.	***		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			<u>,</u> -		
	Act and OMB Circular A-133?		3a		<u>X</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audıt		-			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2017)

## SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

## **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.

2017

Open to Public Inspection

Employer identification number

23-7368244 GREENVILLE HOUSING CORP. 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 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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.) 8 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 university: 10 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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. Lype 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 II, Type III, 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). (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (vi) Amount of other (v) Amount of monetary in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

## Part II 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	-				_, ,	
	membership fees received. (Do not					,	
	ınclude any "unusual grants ")	106,992.	108,753.	109,011.	116,607.	105,915.	547,278.
2	Tax revenues levied for the organ-						
	ızatıon'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	106,992.	108,753.	109,011.	116,607.	105,915.	547,278.
5	The portion of total contributions	\$ E	·				0 1 1 7 1 1 0 1
	by each person (other than a			* 7 4 %			
	governmental unit or publicly	1 1			***		
	supported organization) included				1 7 7		
	on line 1 that exceeds 2% of the				- XX - X		
	amount shown on line 11,			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· **********	7 y 1 y 1 y 1 y 1 y 1 y 1 y 1 y 1 y 1 y	
	column (f)						
6	Public support. Subtract line 5 from line 4	* 6 3		, , ,	34	8	547,278.
	tion B. Total Support				····	, , , , , , , , , , , , , , , , , , ,	31/12/01
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	106,992.	108,753.	109,011.	116,607.	105,915.	547,278.
8	Gross income from interest,		•				<u> </u>
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	91.	80.	73.	83.	128.	455.
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)	4,133.	784.	5,176.	3,213.	5,739.	19,045.
11	Total support. Add lines 7 through 10	,		* , , , , , ,	*,	*(- **** * ;	566,778.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	667,997.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ex year as a section	n 501(c)(3)	
	organization, check this box and stop	here			<u> </u>		▶□
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2017 (	ine 6, column (f) dı	vided by line 11, c	olumn (f))		14	96.56 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14 🔒 👑 .			15	96.95 %
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ 🛣
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-						ızation
	meets the "facts-and-circumstances" $\\$						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s <b>&gt;</b>
					C-h-	dula A /Earm 000	000 FT\ 0047

## Schedule A (Form 990 or 990-EZ) 2017 GREENVILLE HOUSING CORP. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se-	qualify under the tests listed be ction A. Public Support	now, please comp	Diete Part II.)				
	<del></del>	(a) 2012	(h) 2014	(6) 0015	(4) 0010	(=) 0017	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(i) lotal
7	, ,			1	1		
	membership fees received. (Do not include any "unusual grants.")						
_	* ' ' ' '			<del> </del>	<del> </del> -	+	//
2	Gross receipts from admissions, merchandise sold or services per-						]
	formed, or facilities furnished in			j			1
	any activity that is related to the						1
_	organization's tax-exempt purpose			<del>                                       </del>	<del> </del>		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513		<del></del>	<del> </del>	<i> </i>	<del></del>	
4	Tax revenues levied for the organ-						ŀ
	ization's benefit and either paid to						
	or expended on its behalf			<del> </del>	<del> </del>	<del> </del>	<del></del>
5	The value of services or facilities						
	furnished by a governmental unit to			}			
	the organization without charge		L		<del></del>	<del> </del>	<del> </del>
	Total. Add lines 1 through 5			ļ	<del>                                     </del>	<del> </del>	<del></del>
72	Amounts included on lines 1, 2, and	ļ					
_	3 received from disqualified persons		<b></b>	ļ	<u> </u>	<del> </del>	<del> </del>
t	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	,	}		1	1	1
	amount on line 13 for the year			\ <i></i>		<del> </del>	<del> </del>
•	Add lines 7a and 7b			<u>/</u>	ļ		<del> </del>
	Public support. (Subtract line 7c from line 6)	* *, ,		1 -> '3 **		18: 5 12 18	<u></u>
_	ction B. Total Support			<del></del>	r		<del></del>
	ndar year (or fiscal year beginning in)	(a) 20 <u>1</u> 3	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
-	Amounts from line 6			<del> </del>	<del>                                       </del>	<del></del>	<del> </del>
108	Gross income from interest, dividends, payments received on	ľ				1	
	securities loans, rents, royalties,			1			1
	and income from similar sources		/	ļ	ļ	<del></del>	<del> </del>
t	Unrelated business taxable income				1		
	(less section 511 taxes) from businesses		ļ			Ţ	
	acquired after June 30, 1975		ļ	<del> </del>	ļ	· <del> </del> -	<del> </del>
	Add lines 10a and 10b		ļ		ļ	<del> </del>	<del> </del>
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is		1	}			1
	regularly carried on			<del> </del>	<del> </del>	<del></del>	<del> </del>
12	Other income. Do not include gain or loss from the sale of capital		l			l	
	assets (Explain in Part VI.)		ļ	<del> </del>	<del> </del>	<del> </del>	<del> </del>
	Total support. (Add lines 9, 10c, 11, and 12)		L	<u> </u>	<u> </u>	<u>.L</u>	<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	ird, fourth, or fifth t	ax year as a secti	on 501(c)(3) organı	zation,
	check this box and stop here			<del> </del>	<u> </u>	<del></del>	<u> </u>
_	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2017 (li	• • •	-	column (f))		15	%
	Public support percentage from 2016			<u></u>	<u></u>	16	%
<u>Se</u>	ction D. Computation of Inves	tment Incom	e Percentage	)			
17	7 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)						
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
19:	33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	331/3% , and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qua	alifies as a publicly	supported organi	zation	▶∟_
1	33 1/3% support tests - 2016. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	anızatıon qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	
					_		

### 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?
- 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.)

_			
-			
1		Yes	No
	, , , , ,	,	, ,
	· · · · ·	-N4 -	
	1		
1	-, 5/	1000	, , , ]
	**********	, . ,	( ) t
	2		
Ì	4		· .
	За	_ ^	
	· š		\$ 1.50 m
		* * * * * * * * * * * * * * * * * * *	1243
	3h	- λ w -	. Sem
	3b	7,44	<del></del>
		1 3 S	,
i	3c	2	***
	3c 4a	×, ,	394 B
	_4a	ļ	
			35 c
	3 3	19.2	
	4b		
	1	· × ·	20 E S
		रेड्रेड रेड	, , , ,
			, *
			A
	4c		
	`	35	. 4
	2.0	1 1	8.1
		3	100
	% _ ^L	, 5 2	. 22
1	5a 5b		3.7
	- 132	13.	****
ı	_5b_		
	5c		
	, 4,		37.7
	2 3 4 3	1	,
	7,000	8	, :
	5 X		V 3 1
	50	^	242 / 5
	ত	50.2	, 4
			پ جو معودت آخر سا
ı	7	~ ~ ~     ~ ~ ~	granism . 3
	1		
	ric <b>l</b> l	2	ءُ سَ مُنْدَا
	8		1 5
		\$1.	
	1 1 Ja	2 (a)	Œúŝd
	9a	-	<u> </u>
		l6.	. 28 .a.
	9b		
			ر الراب - قاهلكسا -
	9c		
	ئر گھ	,	
	2	, ,	
i	10a	1 1 1	, 190ty,
	, <del>,,,,</del>	£35. 1	<u> </u>
	104		KALL I
!	10b	L	

<u>Sche</u>		23-736824	<b>4</b> Pa	age <b>5</b>
Pai	t IV 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)			
	below, the governing body of a supported organization?	11a	•	
b	A family member of a person described in (a) above?	11b		
	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		
	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	F	7, 1	: (1
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	, '*	1 3	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1.	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$ , "
	• • • • • • • • • • • • • • • • • • • •	' ^ '	SALA.	
	controlled the organization's activities. If the organization had more than one supported organization,	* ;	ر د کی ۔	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	. 3	2.34.2	- 9
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	.45	-
2	Did the organization operate for the benefit of any supported organization other than the supported		37.	3
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		, %	) }
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	ž,	e	3. ×
	supervised, or controlled the supporting organization.	2	<u> </u>	<u> </u>
Sec	tion C. Type II Supporting Organizations			
		· · · · · ·	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	3	*	1.
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	* *	**************************************	1
	or management of the supporting organization was vested in the same persons that controlled or managed			, ,
	the supported organization(s).		ii	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	:	30,740	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		**/
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1,3	3	* * *
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1	-	- **
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	14 4 14	< *	×3,
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		* %	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		· ·
3	By reason of the relationship described in (2), did the organization's supported organizations have a		. ``	1 3
•	significant voice in the organization's investment policies and in directing the use of the organization's		7	. "
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		`.,	14 3.
	supported organizations played in this regard.	3	Ĺ	. 🔻 '
Sac	tion E. Type III Functionally Integrated Supporting Organizations			L
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee ins			
1		tructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ty (see instructions		r <del></del> -
2	Activities Test. Answer (a) and (b) below.	<del></del>	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		v.,	Y *
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1 3
	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		2 طب دشد	×
	that these activities constituted substantially all of its activities.	2a	ļ	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		100 m	370
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		, - 4%	1
	reasons for the organization's position that its supported organization(s) would have engaged in these	Y 15 .	·	12.2
	activities but for the organization's involvement.	2b	**	
3	Parent of Supported Organizations. Answer (a) and (b) below.	25 4 . 1	^	,
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		3 38' ` 28' ` 20' `	
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	مرمسها طار	** *** **
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3.3	V 6/2	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			a ~_ '
	or no capported organizations: it is real, accomboning at the role played by the organization in this regard.	<u>3b</u>		Ь

Sche	dule A (Form 990 or 990-EZ) 2017 GREENVILLE HOUSING CORP		2	3-7368244 Page 6
Pai	Type mitter turious integration occupies cupper time		anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in I	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of pnor-year distributions	2		
_3_	Other gross income (see instructions)	3_		
_4_	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	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		
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):	, , ,		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	, ,		
	factors (explain in detail in Part VI):	3 .		
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		
_7_	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		
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-functional	ly integr	ated Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

Schee <b>Par</b>	t V Type III Non-Functionally Integrated 509			3-7368244 Page 7
	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which to	he organization is responsive	)	
	(provide details in Part VI). See instructions.			<u></u>
9	Distributable amount for 2017 from Section C, line 6			
10_	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	× 4 * * * * * * * * * * * * * * * * * *		
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017		S + 1 40 4	
а		人名 人名 人名 多 多 久		W
b	From 2013	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		#, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
С	From 2014	*	*	<u> </u>
d	From 2015			<u></u>
e	From 2016	1. " 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X X 1 X X X X	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	1/2 x 1/2 x 1/2 x		
<u>h</u>	Applied to 2017 distributable amount		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
_i_	Carryover from 2012 not applied (see instructions)	\$*	**	P & C & R & R & C Y
i_	Remainder, Subtract lines 3g, 3h, and 3i from 3f.	<u> </u>		** ** * * * * * * * * * * * * * * * *
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years	<u> </u>	<del></del>	
	Applied to 2017 distributable amount			<del> </del>
	Remainder. Subtract lines 4a and 4b from 4.	<del>                                     </del>	* a y 3 y 3	
5	Remaining underdistributions for years prior to 2017, if		1	
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.	<del>                                     </del>	7x 3	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
				^* } >> 9, _ ^, [
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.		*****	
_8_	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015		* * * * * * * * * * * * * * * * * * * *	
d	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 GREENVILLE HOUSING CO	RP.	23-7368244 Page 8
Part Vf	<b>Supplemental Information.</b> Provide the explanations required Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11l line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. A (See instructions.)	d by Part II, line 10; Part II, line 17a or 1 b, and 11c; Part IV, Section B, lines 1 a a. 2b. 3a, and 3b; Part V. line 1; Part V.	7b, Part III, line 12; nd 2; Part IV, Section C, Section B. line 1e: Part V.
			<del></del> -
	,		
	.,		· · · · · · · · · · · · · · · · · · ·
		<del></del>	
		<del></del>	
·			- <del></del>
		-·····	

### 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

Open to Public Inspection

Name of the organization **Employer identification number** 23-7368244 GREENVILLE HOUSING CORP. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 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 Protection of natural habitat □ Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -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 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 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes 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 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 ...

Assets included in Form 990, Part X

		LLE HOUSIN							368244	
Par	t III' Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Oth	<u>er Simila</u>	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, checi	any of the	following tha	t are a s	significant i	use of its	collection it	ems
	(check all that apply):									
а	Public exhibition	c	ı 🔲	Loan or exc	hange progra	ams				
b	Scholarly research	•		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	in how th	ev further t	he organizati	on's exe	empt puma	se in Pa	rt XIII.	
5	During the year, did the organization solicit of			-	<del>-</del>					
•	to be sold to raise funds rather than to be ma					0. 0	400010		Yes	□ No
Par	t IV Escrow and Custodial Arran					"Ves" or	. Form 990	Part IV		
	reported an amount on Form 990, Pa		010 11 1110	organizano				,,, a,,,,,	,	
12	Is the organization an agent, trustee, custod		diany for	contribution	es or other as	sate no	t included			
14	on Form 990, Part X?	and other interme	ulary IOI	CONTINUENCE	is or other as	3613 110	t iiioidded	Г	Yes	□ No
_	• •		llouwoa t			•	•		162	140
Ь	If "Yes," explain the arrangement in Part XIII	and complete the it	ollowing i	abie.					A	
	Barandar halana						-		Amount	
C	Beginning balance						1c			
d	Additions during the year	•		-			1d			
е	Distributions during the year		-	-			. 1e			<del></del>
f	Ending balance						1f	<del></del>	<del></del>	<del></del>
	Did the organization include an amount on F						-	∟	Yes	No No
_	If "Yes," explain the arrangement in Part XIII.							-		Ш
Par	t V Endowment Funds. Complete								T	<del></del>
		(a) Current year	(b) P	nor year	(c) Two year	rs back	(d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance		-							
b	Contributions _									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses			. <u> </u>						
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment ▶	%	<del></del>							
С	Temporarily restricted endowment ▶	<u></u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse		ation tha	at are held a	ind administe	red for	the organiz	ation		
	by:	_							Y	es No
	(i) unrelated organizations				_				. 3a(i)	
							• •		3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organization				·				3b	
4	Describe in Part XIII the intended uses of the									
	t VI" Land, Buildings, and Equipn									·
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. S	See Form 990	), Part X	, line 10.			
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Book v	alue
		basis (invest			(other)		preciation		,_, _ se ·	<del>-</del>
12	Land	·	•		2,000.		, , ,		32	,000.
b	0.11				9,492.	1	095,8	76		,616.
	Leasehold improvements	-		1,00	, , <del>, ,</del> , , , ,		<del>555,0</del>	<del>, , , ,</del>	717	, 010.
ن		-			2,366.		50,0	75	2	,291.
<b>a</b>	Equipment				4,834.	<del></del>	22,6			, 221.
	Other	aual Form 000 Par	t Y och				44,0	+5+		, 128.
ıvıd	<u>i. Daa iiries Ta triiougii 18. (Coluifiii (u) Must e</u>	quai ruiii 330, Pari	. A, CUIUI	m (D), line .	100.7					<u>, 140 •</u>

Schedule D (Form 990) 2017

١	Dark	ŀ١	m	Invac	tmants	Other	Securities.
				111463		) - Vuici	Occurrico.

Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			<u>-</u>
Part VIII Investments - Program Related.	<u></u>	7	<u>``</u>
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11c. See Form 990. Part Y. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
<del></del>	(b) Book raids	(b) Motified of Valuation, Good of C	The or your market value
(1)		<del> </del>	
(2)	<del></del>		
(3)	<del></del>	<del></del>	<del></del>
(4)	<del></del>		<del></del>
(5)	<del> </del>		
(6)	<del></del>	<del></del>	<del></del>
(7)	<del></del>		
(8)			
(9)		· · · · · · · · · · · · · · · · · · ·	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.		3 y - >& 1 1/4	
Complete if the organization answered "Yes"		line 11d. See Form 990, Part X, line 15.	<del></del>
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.	e 15.)		<b>&gt;</b>
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f. See Form 990. Part X. line	25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
		3,867.	
	<del></del>	19,165.	
(3) TENANT SECURITY DEPOSITS		17,103.	
(4)			
(5)			
(6)			
(8)			
(0)		1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	S - 807 S - 5 W - QX - 7

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2017

732054 10-09-17

Schedule D (Form 990) 2017 GREENVILLE HOUSING CORP.  Part XIII   Supplemental Information (continued)	<u>23-736</u>	8244	Page 5
Part XIII   Supplemental Information (continued)			
THE CORPORATION'S FEDERAL INCOME TAX RETURNS FOR 2016, 2015	AND 20	)14 AF	RE
OUD THOM HO BYANTNAMION BY MUB THE OD MUB ORANG OR WATER OR		. HOD	
SUBJECT TO EXAMINATION BY THE IRS OR THE STATE OF MAINE, GE	<u>ARKALLI</u>	FOR	
THREE YEARS AFTER THEY WERE FILED.			
			<del></del>
			<del>-</del>
•			
	<del></del>		
		<del></del>	
		·	
			-
<del></del>			

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

### 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.

OMB No 1545-0047 **Open to Public** 

Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** GREENVILLE HOUSING CORP. 23-7368244 FORM 990, PART VI, SECTION A, LINE 3: THE BOARD HAS DELEGATED MANAGEMENT FUNCTIONS TO A MANAGEMENT AGENT WHO IS OVERSEEN BY THE BOARD FORM 990, PART VI, SECTION B, LINE 11B: COPIES OF THE 990 ARE AVAILABLE TO BOARD MEMBERS UPON REQUEST FORM 990, PART VI, SECTION B, LINE 12C: ALL ACTIONS ARE APPROVED BY THE BOARD AND ANY RESULTING CONFLICTS OF INTEREST ARE REPORTED TO USDA RURAL DEVELOPMENT AS REQUIRED. FORM 990, PART VI, SECTION C, LINE 19: STATEMENTS ARE AVAILABLE UPON REQUEST FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ROUNDING