Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Department of the Treasury

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

		Je Service	- Co to www.no.gov/r or most for mod deduction and the factor is			
			endar year, or tax year beginning , and er			
_		applicable	C Name of organization Providence Manor Development Corp	D Employer	identific	cation number
	Address o	change	Doing business as			
п.	uama aba		Number and street (or PO box if mail is not delivered to street address) Room/suite	<u> 26-1565763</u>	i	
י וַבַּב	Name cha	ange	1100 Peachtree Street Suite 2800	E Telephone	number	
ı	nitial retu	ırn	City or town State ZIP code			
\equiv			Atlanta GA 30309			
F	inal return	/terminated	Foreign country name Foreign province/state/county Foreign postal	code		
\Box	Amended	l return		G Gross rece	eipts \$	396,001
Ξ΄						
/	Applicatio	n pending	F Name and address of principal officer	H(a) is this a group return f	or subord	inates? Yes X No
			Michael W Tyler 1100 Peachtree St Ste 2800, Atlanta, GA 30309	H(b) Are all subordinate	s include	ed? Yes No
	ax-exem	nt etatue	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 522	f "No," attach a lis	t (see in	nstructions)
		·	[X] 301(c)(3)[] 301(c) () ~ (ilisertito) [] 4347(a)(1) 01 [] 322		,	•
<u>J V</u>	Vebsite	<u>e: ▶</u>		H(c) Group exemption r	number	<u> </u>
KF	orm of or	rganization	X Corporation Trust Association Other ▶ L Year	of formation 2006	MS	tate of legal domicile GA
						<u> </u>
۲	art I		mmary			
•	1		-	ded housing to elde	erly pe	rsons by
ၓၘ		operatin	g an apartment community regulated under Section 202 of the National Ho	ousing Act of		
Activities & Governance		1959				
ē	2	Check t	nis box I if the organization discontinued its operations or disposed	of more than 25%	of its n	et assets
ó				of more than 2070 t		_
~	3		of voting members of the governing body (Part VI, line 1a)	'	3	
ŝ	4		of independent voting members of the governing body (Part VI, line 1b)		4	5
ŧį	5	Total nu	mber of individuals employed in calendar year 2018 (Part V, line 2a)		5	
₽	6	Total nu	mber of volunteers (estimate if necessary)		6	
Ä	7a	Total un	related business revenue from Part VIII, column (C), line 12		7a	
	b		elated business taxable income from Form 990-T, line 38		7b	
	 	TTCL GITT	ciated business taxable income from 1 on 1 oou 1, line oo	Prior Year	· · ·	Current Year
		04	Area and monte (Dod VIII line 4h)	Filor tear	\rightarrow	Current rear
e	8		itions and grants (Part VIII, line 1h)			
Revenue	9	_	n service revenue (Part VIII, line 2g)	353	3,582	392,918
Š	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		31	54
œ	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2	2,551	3,029
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	356	5,164	396,001
	13		and similar amounts paid (Part IX, column (A), lines 1–3)		`	
	14		paid to or for members (Part IX, column (A), line 4)			
				111	050	114 226
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,850	114,326
Ĕ	16a		onal fundraising fees (Part IX, column (A), line 11e)			
Expenses	b	Total fur	ndraising expenses (Part IX, column (D), line 25) ▶			
Ŵ	17	Other e	openses (Part IX, column (A), lines 11a–11d, 11f–24e)	366	3,660	348,525
	18	Total ex	penses Add lines 13–17 (must equal Part IX, equimnt(A), /I/Ae 25)	479	9,510	462,851
	19	Revenu	penses Add lines 13–17 (must equal Part IX, columnt(A) (Ine 25) e less expenses Subtract line 18 from line 12		3,346	-66,850
- S		- 1.010110		Beginning of Current		End of Year
Net Assets or Fund Balances	20	Total as	sets (Part X, line 16) NOV 2 1 2019 Sets (Part X, line 26)	4,160		4,075,039
886 Bala	20		sets (Part X, line 16)			
# E	21		blittles (Falt A, line 20)		3,166	5,054,888
		Net ass	ets or fund balances Subtract line 21 from line 20 DEN 11T	-912	2,999	-979,849
Pa	art II		nature Block			
Und	er penaltı	ies of perjur	y, I declare that I have examined this return, including accompanying schedules and statements,	and to the best of my kr	nowledge	•
and	belief, it i	is true, com	ext, and complete, Declaration of preparer (other than officer) is based on all information of which	preparer has any know	ledge	
٥.				-		
Sig			Signature of officer) Date		
He	re		Michael W. Tolor Kreylest J Chainas # Box	.1	1)	11 7019
				VC	$\Lambda \bullet J$	VI, Pol I
			Type or print name and title 3			- \ \
		2Pnr	t/Type preparer's name Preparer's signature	Date	heck	T If PTIN
Pa	id	0-4	h Strongin		neck [elf-empl	 -
Pre	eparei		h Strongin Muc X			
	e Onl		o's name ► Seth D Strongin, CPA P C	Firm's EIN ▶	58-23	351458
	- - ,		n's address ► 4780 Ashford Dunwoody Rd , Ste A-628, Atlanta, GA 30338	Phone no		
	41 45			1		
ivia	y the II	≺S aiscus	s this return with the preparer shown above? (see instructions)			Yes No

418,992

Total program service expenses

ADO

Form 9	990 (2018) Providence Manor Development Corp	26-1565763	Р	age 3
Part				
			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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Pa	art III 5	_	Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or de negotiation services? If "Yes," complete Schedule D, Part IV	bt 9		X
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted	3	+	 ^-
10	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, VIII, IX, or X as applicable		-	
	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	
	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
	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		х
	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		X	-
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," com	11f		X
	Schedule D, Parts XI and XII	12a	×	<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If " and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	7es,		x
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a	+	X
		140	+	+^
b	fundraising, business, investment, and program service activities outside the United States, or aggregate	141		V
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	.r. 14b	' 	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to o 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		х
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 (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization.

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

18

19

20a

20b

Form **990** (2018)

Par	Checklist of Required Schedules (continued)			т
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		X
23	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	<u></u>		H
	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		<u> </u>	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ <u>.</u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		•	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1		١
	990-EZ? If "Yes," complete 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	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial 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,	121		1
20	Part IV 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
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>		<u> </u>	
	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, 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		<u> </u>
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	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١.,
	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,		ŀ	
250	III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	 	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	33a		+^
J	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	330		+
••	organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	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			
30	19? Note . All Form 990 filers are required to complete Schedule O	38	X	
Par		, ,		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	7 :		1 -
	gaming (gambling) winnings to prize winners?	1c	X	

Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
	,			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax.		1				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			233		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns?	2b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ons)	300	滋菜	世世		
3a	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 Schedu		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			١		
	a financial account in a foreign country (such as a bank account, securities account, or other financial	cial account)?	4a	14	X		
b	If "Yes," enter the name of the foreign country	(50.4.5)					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
_	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 trans	saction?	5b		<u> </u>		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	l Alexa	5c		 		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did organization solicit any contributions that were not tax deductible as charitable contributions?	the			,		
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.	tions or	6a		X		
b	gifts were not tax deductible?	ILIONS OF	6b				
7	Organizations that may receive deductible contributions under section 170(c).		3	-೧೮.	是形形		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods	2	3.4			
	and services provided to the payor?	, goods	7a	. <u>*****</u> *	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was	<u> </u>				
	required to file Form 8282?		7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	S .E	ET	200		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor		7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	399 as required? N/A	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f		7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by the	2	壁	3.3		
	sponsoring organization have excess business holdings at any time during the year?	N/A	8_				
9	Sponsoring organizations maintaining donor advised funds.	√/A	1	355	3		
а	Did the sponsoring organization make any taxable distributions under section 4966?	•	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		-		
10	Section 501(c)(7) organizations. Enter	l I	1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			14.14		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	[10b]		3			
11	Section 501(c)(12) organizations. Enter	ایدا	13.2	疑			
а	Gross income from members or shareholders	11a	1				
b	Gross income from other sources (Do not net amounts due or paid to other sources	445	100				
120	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 900 in liquid for	11b	420		302		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo If "Yes," enter the amount of tax-exempt interest received or accrued during the year	112b	12a	-Sup-	200		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	[120]	题	戲			
a	Is the organization licensed to issue qualified health plans in more than one state?		13a	222	# 45-03-5M		
a	Note. See the instructions for additional information the organization must report on Schedule O		100	150	10000		
b	Enter the amount of reserves the organization is required to maintain by the states in which		巍				
	the organization is licensed to issue qualified health plans	13b	2.0	쬁			
С	Enter the amount of reserves on hand	13c		X	際		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	ule O	14b		 		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu						
	excess parachute payment(s) during the year		15		x		
	If "Yes," see instructions and file Form 4720, Schedule N		高級	(A)			
40		ant innorma?		೭೦೮ನ	X		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on the section 4968 excise tax on the section 4968 excise tax of the	ent income?	16	- F AL			
	If "Yes," complete Form 4720, Schedule O		S.L.R	Bur	M		

Providence Manor Development Corp Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 Enter the number of voting members included in line 1a, above, who are independent 5 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 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a 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 a The governing body? Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 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? Χ 11a **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 Х 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Χ Did the organization have a written document retention and destruction policy? 14 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 ► GA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20

Housing Resource Center, Inc (404) 816-9770

PO Box 53274, Atlanta, GA 30355

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65763	Page	7

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Providence Manor Development Corp

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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i box, office	not ch unles	Pos neck	c) ition more	than oth Highest compensated employee	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
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(1) Michael W Tyler	2 00			,			ŀ			
President (2) Clambia Hatabatt	0 00		-	Х		-		0	0	0
(2) Clemmie Hatchett Vice President	2 00			x				_		
	0 00 2 00		-	 ^	\vdash	-		0	0	0
(3) Courtney Showell Treasurer	0 00			х				٥ ا	اه	0
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(4) Rev Milledge Dixon Secretary	0 00			X				0	اه	0
(5) Stephanie L Johnson			┢	<u> </u>		1		0		
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Compared to the control than one to the control than	Part VII Section A. Officers, Directors,	Trustees, Key Em	ploye	es,	and	Hi.	ghes	t Co	ompensated Em	ployees (con	tinued)
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Part VIII

Statement of Revenue

		Check if Schedule O contains	a response	or note to	any line ir	this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ম ম	1a	Federated campaigns	-	<u>1a</u>					4 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
Grants	b	Membership dues		1b					和特別
٠. آ	С	Fundraising events		1c					
ar A	d	Related organizations	Γ	1d					
s, G	e	Government grants (contributions	s) [1e			100		
lo lo	f	All other contributions, gifts, gran	· –					No. of the	
호		similar amounts not included abo	1	1f-					
Contributions, Gifts, Grants and Other Similar Amounts	a	Noncash contributions included in li	_	\$					200
υ é	h	Total. Add lines 1a-1f		*	>				
	<u> </u>	Total III da III		Busin	ess Code			100000000000000000000000000000000000000	
n e	2a	Tenant rent payments	53111	0	123,475	123,475	SECTION STREET, SECTION OF		
Še	b	Housing assistance payments		53111		269,443	269,443		
9		Troubing abbitation payments		33111		200,440	200,440		
<u>. Z</u>	٩	***************************************					-		
Š	۵								
згат	•	All other program service revenue		-					
Program Service Revenue	,	Total. Add lines 2a–2f			>	302 018		-Marchael	
	3	Investment income (including div	est and		392,910	Settle and a settl	AMERICAN CONTRACTORY	That street sames and	
	•	other similar amounts)	idends, inter	oot, and		54			54
	4	Income from investment of tax-ex	remnt hand r	rnceeds					-
	5	Royalties	compt bond p	nocccas					
		Noyakies	(ı) Real	(11) 1	Personal	Telling and the second	Maria Santa Nika	30. 用家子和安全的	建设建筑的大学
	6a	Gross rents		- ``					
	b	Less rental expenses							
	C	Rental income or (loss)						然的感染	学过速 器
	ď	Net rental income or (loss)		1		Trace Charles Andreas	ACCOUNTS CONSTRUCTION		
	7a	Gross amount from sales of	(i) Securities	; (u') Other	Ferris della compania	MITTER AND	MESSATION TO	15-12-2-10-2-10-2-10-2-1
	/ a	assets other than inventory	(1) 0000	\ <u>``</u>					
	ь	Less cost or other basis							
		and sales expenses	, .						
•		Gain or (loss)			٠ ,				
	C						THE COURT OF THE PARTY		
	- d	Net gain or (loss)				THE REST OF THE PARTY OF THE PA	TEASURE TWO LETS		THE STREET OF STREET
ø	0-	Gross income from fundraising	•	•					
Ę	8a	_							
Š		events (not including \$							
Other Revenue		of contributions reported on line 1	10)						
Je.		See Part IV, line 18		a b					
ठ	b	Less' direct expenses Net income or (loss) from fundrai	alaa ayaata	ь					
	C	•	-	<u></u>			TO THE STATE OF TH	2000 Sept.	STAGEST STAGEN
	эа	Gross income from gaming activi See Part IV, line 19	ues						
	L.			a b				1 76 75 75 75 75 75 75 75 75 75 75 75 75 75	
-	b	Less direct expenses	· cotuutioo	n		1.75			
	400	Net income or (loss) from gaming Gross sales of inventory, less	activities	<u> </u>		AND THE PROPERTY OF THE PARTY O	A SECTION ASSESSMENT OF THE PARTY OF THE PAR	SAN AND AND AND AND AND AND AND AND AND A	
	10a	returns and allowances			•				
			_	a					
	b	Less cost of goods sold	f income	ם		ALC: STATE	TARREST TEA	Design Transfer	
	<u> </u>	Net income or (loss) from sales of	n inventory			では、日本のでは、これでは、本	TERRETAR SUN	- ERSONALER	MARIO PARA PARAMENTA
	44 -	Miscellaneous Revenue	 –		ness Code	一种成本的		THE PARTY OF THE P	NAME OF STREET
	11a	Laundry and vending		53111		2,447	2,447	 	
	b	Cleaning and other charges		53111	υ	582	582	 	
-	C	All abb as agree and		-				 	
	d	All other revenue	•	L	_ `	0.000	A COMPANY AND A CO	10 10 10 10 10 10 10 10 10 10 10 10 10 1	766
	e	Total. Add lines 11a–11d				3,029	TO TOO TO	(大学)(1) 20 20 20 20 20 20 20 20 20 20 20 20 20	AND PARTY OF THE P
	112	Total revenue. See instructions				396,001	395,947	I	l 54

Part IX Statement of Functional Expenses

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, 7b, 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		,		尼罗斯 克里斯			
	domestic governments See Part IV, line 21				ENTRE			
2	Grants and other assistance to domestic				\$ 10 m			
_	individuals See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign			0.5	150			
	individuals See Part IV, lines 15 and 16				T. MERCHETT TO THE TOTAL OF			
4	Benefits paid to or for members			が行る対象の対象	TENEDO TO THE PARTY OF THE PART			
5	Compensation of current officers, directors,							
6	trustees, and key employees				<u> </u>			
0	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	103,555	103,555					
8	Pension plan accruals and contributions (include	100,000	100,000					
0	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes	10,771	10,771					
11	Fees for services (non-employees)	10,177	10,777					
· ·a	Management	36,359		36,359				
b	Legal	00,000						
c	Accounting	7,500		7,500				
d	Lobbying	,		•				
e	Professional fundraising services See Part IV, line 17		学学学学学学	HANDLE HENNEY				
f	Investment management fees							
g	Other (If line 11g amount exceeds 10% of line 25, column							
_	(A) amount, list line 11g expenses on Schedule O)		•					
12	Advertising and promotion							
13	Office expenses	23,537	23,537					
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel							
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	2,775	2,775					
20	Interest							
21	Payments to affiliates	100.075	100.075					
22	Depreciation, depletion, and amortization	109,075		 				
23	Insurance	42,885	42,885	THE MARKET PROPERTY AND EVALUATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND A	Paintente in the Act of the			
24	Other expenses Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				學學學學			
	(A) amount, list line 24e expenses on Schedule O)							
а	Utilities	51,405	51,405	Accessing and approximation	WALLEL STRANGERS COME.			
b	Description and maintenance	28,275						
C	Teach removal	6,546			 			
d	Security	33,758			<u> </u>			
e	All other expenses Miscellaneous	6,410	 					
25	Total functional expenses. Add lines 1 through 24e	462,851						
26	Joint costs. Complete this line only if the	,02,301	,502		<u> </u>			
	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation Check here							
	following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet

		Check if Schedule O contains a response or	note to	any line in this Part X			
	•				(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			14,761	1_	12,567
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	12.172	3			
	4	Accounts receivable, net		4	2,797		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations Complete Part II of Schedule L		2363 5			
	6	Loans and other receivables from other disqualified person	ons (as d	efined under section	WELL STREET	N.C.	Commence of the second
		4958(f)(1)), persons described in section 4958(c)(3)(B), a		3.5			
		sponsoring organizations of section 501(c)(9) voluntary e		s' beneficiary		3	
Assets		organizations (see instructions) Complete Part II of Sche	dule L			6	
SSI	7	Notes and loans receivable, net				7	
٩	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			233	9	3,075
	10a	Land, buildings, and equipment cost or		1			
		other basis Complete Part VI of Schedule D	10a	5,128,693		7.37.3	
	þ	Less accumulated depreciation	10b	1,204,722	4,028,628		3,923,971
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			116,545		132,629
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	4,160,167	16	4,075,039
	17	Accounts payable and accrued expenses .	137,057	17	118,261		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete I			INCOMES ASSESSMENT AND A CONTRACTOR	21	CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADD
Liabilities	22	Loans and other payables to current and former				1.48	
Ē		trustees, key employees, highest compensated		ees, and		24453	
iat		disqualified persons Complete Part II of Sched				22	<u> </u>
_	23	Secured mortgages and notes payable to unrela		· · · · ·		23	
	24	Unsecured notes and loans payable to unrelate		•		24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines	-				
		of Schedule D	17-2-) Complete Part X	4,936,109	25	4,936,627
	26	Total liabilities. Add lines 17 through 25			5,073,166	•	5,054,888
			N - 1		ALCOHOLOGY AND	72:50	SPECIAL STATE OF THE PARTY OF T
es		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 at		ck here ► X and			
anc.	27	Unrestricted net assets			-912,999	27	-979,849
3al	28	Temporarily restricted net assets				28	
P	29	Permanently restricted net assets				29	
٦		Organizations that do not follow SFAS 117 (ASC958),	THE PARTY CONTRACT	35.43	STANDARD STANDARD		
ř		complete lines 30 through 34.	nere		- } \```		
Net Assets or Fund Balances	20	· · · · · ·		·		20	The second second
se	30	Capital stock or trust principal, or current funds		at fund		30	
As	31	Paid-in or capital surplus, or land, building, or electrical Retained earnings, endowment, accumulated in				32	
<u>let</u>	32 33	Total net assets or fund balances	cone,	or other fullus	-912,999		070 940
<u>, </u>	33 34	Total liabilities and net assets/fund balances			4,160,167	_	-979,849 4,075,039
	34	Total liabilities and het assets/fund balances			4, 100, 107	<u> </u>	<u> 4,075,039</u>

Form	990 (2018) Providence Manor Development Corp	26	<u>5-1565763 </u>	Pag	e 12
Par				-	
	Check if Schedule O contains a response or note to any line in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1		396	,001
2	Total expenses (must equal Part IX, column (A), line 25)	2		462	<u>,851</u>
3	Revenue less expenses Subtract line 2 from line 1	3		-66	,850
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-912	,999
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	.			
	column (B))	10		-979	9 <u>,849</u>
Part	Financial Statements and Reporting			1	
	Check if Schedule O contains a response or note to any line in this Part XII			.	닏_
	A			Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in			ŀ	
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		- 2a	** *	X
Za	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				
			.	.,	- ;
			~		*
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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		٠,		
			}		
	X Separate basis Consolidated basis Both consolidated and separate basis		Ì		,
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or			, ,	-11
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	X
	If the organization changed either its oversight process or selection process during the tax year, explain in		ļ		١.,
_	Schedule O			,	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		24		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	(2018)
			Form	ココリ	(2018)

SCHEDULE A (Form 990 or 990-EZ)

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 chantable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Employer identification number Name of the organization Providence Manor Development Corp 26-1565763 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). 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). 4 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) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 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) 11 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 12q 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. d 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

### Providence Manor Development Corp ### Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(iv) Cortiplete 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)	ched	dule A (Form 990 or 990-EZ) 2018 Provide	nce Manor Develor	ment Corn			26-1565763	Page 2
Part III If the organization fault to qualify under the tests listed below, please complete Part III) section A. Public Support alendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2019 (f) Total organization control on the part of the company of the part of the company of the part of the company of the part of the organization without charge of the organization without charge of total contributions by ach person (other than a governmental unit or publicly supported organization without charge of the amount shown on her 11, column (f) Public support Summer in stream in a section of the part of the pa	-	t II Support Schedule for O	rganizations De	scribed in Sect	tions 170(b)(1) Part I or if the	(A)(iv) and 170 organization fai)(b)(1)(A)(vi)	
allendar year (or fiscal year beginning in)		Part III If the organization						
If Gifs, grants, contributions, and membership fees received (Do not membership fees received (Do n	_		2 1 1 2 1	1 41.0045	4) 0040	(1) 0047	(1) 0040 (/f) Total
membership fees received (Do not included any "unusual grants") To verience leved for the organization's benefit and ether paid to or expended on its behalf The value of services or flucithets furnished by a governmental unit to the organization without charge Total. Add insist through 3 The value of services or flucithets furnished by a governmental unit or publicly supported organization of total contributions by each person (other than a governmental unit or publicly supported organization in that exceeds 2% of the amount shown on line 11, column (f) 6. Public support Subsectine 9 from line 4 Election B. Total Support anderday ray or floss year beginning in) 7. Amounts from line 4 6. Public support services from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 8. Not income from unrelisted business advities, whether or not the business is regularly carried on 1. Total support. Add lines 7 through 10 1. Total support had lines 7 through 10 1. Total support person from the 2018 (if) (if) (if) (if) (if) (if) (if) (if)	aler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 y	(T) Total
2 Tax revenues leved for the organization's benefit and ether 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 inst 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 Publics support. Subtract lite 8 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rests, royalities, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on O Other income Do not include gain or loss from the sele of capital assets (Explain in Part VI) 1 Total support. Add lines 7 through 10 2 Gross receipts from related addivities, etc. (see jinstructions) 3 First five years. If the Form 990 is for the organizations is first, second, third, fourth, or fifth tax year as a section \$010(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization. Part VI) 15 Public support percentage from 2017 Schedule A. Part II, line 14 16a 33 1473's cupport test—2018, if the organization and not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization or part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization or generation. If the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		membership fees received (Do not						
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 25 of the amount shown on line 11, column (f) 6 Public support Subtract lines 5 from line 4 6 excition B. Total Support 8 Clarifold Support 8 Clarifold Support Subtract lines 5 from line 4 8 proving support subtractives 5 from line 4 8 proving support subtractives 5 from line 4 8 proving support subtractives 5 from line 4 8 proving subtractive 5 from line 6 from li	2	Tax revenues levied for the organization's benefit and either paid						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 3% of the amount shown on line 11, column (f) 6 Public support Subract line 5 from line 4 9 Ection B. Total Support 2 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities, 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) 10 Total support. Add lines 7 through 10 Total support. Add lines 7 through 10 Total support related activities, etc. (see instructions) 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 \$01(c)(3) organization, check this box and stop here? 14 Public support percentage from 2017 Schedule A. Part II, line 14 163 33 1/3% support test—2018, 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 organization in Part VI how 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. Check this box and stop here. Explain in Part VI how 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. 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. 15 polys facts and-circumstances test—2017. If the organization of din ot check a box on line 13, 16a, or 16b, and line 14 10% for more, and of the organization me		furnished by a governmental unit to the						
action B. Total Support Section B. Total Support (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (c) 2018 (f) Total (d) 2017 (e) 2018 (f) Total (e) 2018 (f) Total (f) Total (g) 2018 (f) Tot	4	Total. Add lines 1 through 3						
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 Subract line 5 from line 4 8 Section B. Total Support 2 Amounts from line 4 8 Gross income from ine 4 Gross income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on logarization. On the from 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 recepts from related activities, etc. (see instructions) 3 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. 8 Section C. Computation of Public Support Percentage 14 Public support percentage from 2017 Schedule A, Part II, line 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 16 3 33 1/3% support test—2018, 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 17 a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 in 93 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, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, the kit his 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicl	5	The portion of total contributions by		1	"新"			
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16a 33 1/3% support test—2018. 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—2017. 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—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 in Part VI how 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, 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. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see					(f))	. ,	 	
and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2017. 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—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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—2017. 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. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	15	Public support percentage from 2017 Sci	hedule A, Part II, line	14			<u>\15</u>	
box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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—2017. 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. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	I6a				3, and line 14 is 33	1/3% or more, che	ck this box	▶ _
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—2017. 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. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	b					is 33 1/3% or more	e, check this	▶ _
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	b	15 is 10% or more, and if the organization Explain in Part VI how the organization in	n meets the "facts-ar	nd-circumstances" t	est, check this box	and stop here.	`	\ <u> </u>
	18		did not check a box o	n line 13, 16a, 16b,	, 17a, or 17b, chec	k this box and see		\ <u></u>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees					-	
	received (Do not include any "unusual grants")					`	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						•
	organization's tax-exempt purpose	230,732	325,112	356,462	356,133	395,947	1,664,386
3	Gross receipts from activities that are not an		-				
	unrelated trade or business under section 513			,			
4	Tax revenues levied for the			- '			
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				-		
	furnished by a governmental unit to the						•
	organization without charge						
6	Total. Add lines 1 through 5	230,732	325,112	356,462	356,133	395,947	1,664,386
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			/			
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			TATELLY	2-3-60	建工业的	
	line 6)	建设为证据	是是是	图的现在分词	認識が認識	の変化が設定	1,664,386
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	230,732	325,112	356,462	356,133	395,947	1,664,386
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	86	44	19	31	54	234
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	86	44	19	31	. 54	234
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	1			,		1
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	230,818	325,156	356,481	356,164	396,001	1,664,620
14	First five years. If the Form 990 is for the o	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	_
	organization, check this box and stop here						<u>▶</u>
Sec	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2018 (line 8, o	column (f), divided	by line 13, column	(f))		15	99 99%
16	Public support percentage from 2017 Scheo	lule A, Part III, line	15			16	99 98%
Sec	ction D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2018 (lin			column (f))		17	0 01%
18	Investment income percentage from 2017 S					18	0 02%
	33 1/3% support tests—2018. If the organ			14, and line 15 is m	nore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and	stop here . The org	janization qualifies	as a publicly supp	orted organization		▶ X
b	33 1/3% support tests—2017. If the organ						_
	line 18 is not more than 33 1/3%, check this	box and stop her	e. The organization	n qualifies as a pub	licly supported org	anızatıon	▶ <u> </u>
20	Private foundation. If the organization did	not check a box or	line 14, 19a, or 19	9b, check this box a	and see instruction	s	▶ _

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

- 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
- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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
		1	
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	2	和张	
	3a 明治:		
	<u>3b</u>		
	3c		3100
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	解题6		
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	8	ZE:	
	9a		<u></u>
	9b	33	
	接 9c		
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	/途 10b	是犯	FX

Part	Supporting Organizations (continued)	—т		
44	· · · · · · · · · · · · · · · · · · ·	\dashv	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?	1a	ř	
b		1b	-	
C	· · · · · · · · · · · · · · · · · · ·	1c	\rightarrow	
	on B. Type I Supporting Organizations	10		
	on Driffer outpoining organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	\neg		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		.	١,
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	.	**	, ,
	controlled the organization's activities. If the organization had more than one supported organization,		_ ',•]	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		,	
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		*	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	.	. <u>.</u>	
		2		
Secti	on 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		_	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	·	- '	[.'
	or management of the supporting organization was vested in the same persons that controlled or managed			`
	the supported organization(s)	1		İ
Secti	on D. All Type III Supporting Organizations			
	F-		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	`		l •
	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	 	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•	, •	:
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		-	.:
•		2	· .	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	,	: . '	
	significant voice in the organization's investment policies and in directing the use of the organization's	•	۱۰ ۱	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	[-
Socti	supported organizations played in this regard ion E. Type III Functionally Integrated Supporting Organizations	<u> </u>	<u> </u>	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below	ion	S)	
а				
b	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 (see ins	struc	ctions	;)
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			,
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			-,
	those supported organizations and explain how these activities directly furthered their exempt purposes,			, '
	how the organization was responsive to those supported organizations, and how the organization determined	• `		
		2a	~	-2,
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			. =
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		[· '	
		3a		-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See							
instructions. All other Type III non-functionally integrated supporting organ	ızatıc	ons must complete Sections					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-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						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
Aggregate fair market value of all non-exempt-use assets (see	بكتر	AND AND LANGE	NEW TOWN				
instructions for short tax year or assets held for part of year)	3,72	企业工作的基础	是是是一种				
a 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	:3	为此心,这可以自然的意思	STATES OF THE STATES				
factors (explain in detail in Part VI)	نو ا		ははのなる。				
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						
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	えずでは およの人でであ					
2 Enter 85% of line 1	2	建基础程度的显示的					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	多部門的公共四個領域					
4 Enter greater of line 2 or line 3	4	語の名となる。					
5 Income tax imposed in prior year	5	の記されるのははい					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		是10.00mm 大型					
emergency temporary reduction (see instructions)	6						
7 Check here if the current year is the organization's first as a non-functional							
instructions)							

Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)					
Section	on D - Distributions			Current Year				
1_	Amounts paid to supported organizations to accomplish exe	empt purposes						
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported						
	organizations, in excess of income from activity							
3_	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations					
4_	Amounts paid to acquire exempt-use assets							
5_	Qualified set-aside amounts (prior IRS approval required)							
6_	Other distributions (describe in Part VI) See instructions							
	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which to (provide details in Part VI) See instructions	he organization is respor	nsive					
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount			0 000				
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018							
	(reasonable cause required—explain in Part VI) See							
	instructions			·				
3	Excess distributions carryover, if any, to 2018		•					
a_	From 2013							
<u>b</u>	From 2014							
<u>c</u>	From 2015							
<u>d</u> _	From 2016							
е	From 2017		· · · · · · · · · · · · · · · · · · ·					
f	Total of lines 3a through e							
g_	Applied to underdistributions of prior years							
<u> </u>	Applied to 2018 distributable amount	•						
<u>i</u> _	Carryover from 2013 not applied (see instructions)		······					
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2018 from	,	• •					
	Section D, line 7 \$	· · · · · · · · · · · · · · · · · · ·						
	Applied to underdistributions of prior years							
<u>b</u> _	Applied to 2018 distributable amount							
<u>_c</u> _								
5	Remaining underdistributions for years prior to 2018, if							
	any Subtract lines 3g and 4a from line 2 For result			•				
	greater than zero, explain in Part VI See instructions							
6	Remaining underdistributions for 2018 Subtract lines 3h	,						
	and 4b from line 1 For result greater than zero, explain in	_{* •} •	•					
	Part VI See instructions	<u> </u>						
7	Excess distributions carryover to 2019. Add lines 3j]	, , , ;					
	and 4c	 	<u> </u>	\$ = ²				
8	Breakdown of line 7							
a_	Excess from 2014	-		<u>-</u>				
<u>b</u>	Excess from 2015							
<u>c</u> _	Excess from 2016	 						
<u>d</u>	Excess from 2017	· · · · · · · · · · · · · · · · · · ·						
е	Excess from 2018	1		L				

Schedule A (Fo	rm 990 or 990-EZ) 2018 Providence Manor Development Corp	26-1565763	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part I	or 17b, Part V, Section	
•	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lin 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part		
	lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	v, occion 2,	
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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.

► Attach to Form 990.

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

OMB No 1545-0047
2018

Open to Public Inspection

Name	of the organization			Employer identification number
Provid	dence Manor Development Corp			26-1565763
Part		Advised Funds or Oth	er Similar Fu	
	Complete if the organization answere			
		(a) Donor advised		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don			
	funds are the organization's property, subject t			
6	Did the organization inform all grantees, donor			
	only for charitable purposes and not for the be	nefit of the donor or donor	advisor, or for a	· — — — — — — — — — — — — — — — — — — —
	conferring impermissible private benefit?			Yes No
Pari	Conservation Easements.			
	Complete if the organization answere			
1	Purpose(s) of conservation easements held by	-		
	Preservation of land for public use (e g , re	ecreation or education)	=	on of a historically important land area
	Protection of natural habitat		Preservation	on of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	on held a qualified conserv	ation contribution	on in the form of a conservation
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easer			2b
С	Number of conservation easements on a certif			2c
d	Number of conservation easements included in		6, and not on a	
•	historic structure listed in the National Register		navuahad artar	2d
3	Number of conservation easements modified,	transierred, released, exti	nguisnea, or ter	minated by the organization during
4	Number of states where property subject to co	nservation easement is lo	cated •	
5	Does the organization have a written policy re			n handling of
•	violations, and enforcement of the conservation		omig, mopocito	Yes No
6	Staff and volunteer hours devoted to monitoring, in		ns, and enforcing	conservation easements during the year
•	>	g,	,	,
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, a	ind enforcing con	servation easements during the year
	▶ \$	-		
8	Does each conservation easement reported or	n line 2(d) above satisfy th	e requirements	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization rep			
	balance sheet, and include, if applicable, the to		organization's fin	nancial statements that describes the
	organization's accounting for conservation eas			
Par	III Organizations Maintaining Collect			
	Complete if the organization answer			
1a	If the organization elected, as permitted under			
	works of art, historical treasures, or other simil	•		
	public service, provide, in Part XIII, the text of			
b	If the organization elected, as permitted under works of art, historical treasures, or other simil	•	•	
	public service, provide the following amounts i	•	ALIDITION, EGUCE	auon, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, I	_		₽ <
	(ii) Assets included in Form 990, Part X	IIIIC I		► \$ ► \$
2	If the organization received or held works of a	rt historical treasures or	other similar ass	
4	following amounts required to be reported und			
•	Revenue included on Form 990, Part VIII, line		claiming to these	▶ \$
	Assets included in Form 990, Part X	•		▶ \$

Schedu	ule D (Form 990) 2018 Providence Manor Devi	elopment Corp						26-156	5763_	F	age 2
Part	III Organizations Maintaining Coll	ections of A	rt, Hi <u>s</u> t	orica	al Trea	asures, or	Other	Similar Asset	s (contir	nued)	
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other	records	s, che	ck any	of the follows	ing tha	t are a significant	use of its	3	
а	Public exhibition		d [Lo	oan or	exchange pro	ogram	s			
b	Scholarly research		е [<u> </u>	ther						
С	Preservation for future generations										
4	Provide a description of the organization's XIII	collections and	explain	how	they fu	irther the orga	anızatı	on's exempt purp	ose in Pa	rt	
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Ye	s 🔲	No
Part	Escrow and Custodial Arranger Complete if the organization answ 990, Part X, line 21		n Form	1 990	, Part	IV, line 9, o	r repo	orted an amoun	on For	m 	
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?						ther as	sets not	Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XI	II and complete	e the fol	lowing	g table			- 	A		
•	Paginning halance						1		Amount		
c d	Beginning balance Additions during the year							d			
e	Distributions during the year							e			
f	Ending balance							f			
2a	Did the organization include an amount on	Form 990 Par	tX line	21 fc	or escr	ow or custodi	ıal accı	ount liability?	☐ Ye	s X	No
b	If "Yes," explain the arrangement in Part XI									Ť	
Part		- Check Here	11 410 07							<u> </u>	
T GIT	Complete if the organization answ	vered "Yes" o	n Form	າ 990	Part	IV. line 10					
		a) Current year		Prior ye		(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities								-		
	and programs										
f	Administrative expenses		-								
g 2	End of year balance Provide the estimated percentage of the cu	urrent year and	halance	o (lino	10.00	Nump (a)) bol	ld ac	<u> </u>		_	
a	Board designated or quasi-endowment	Intent year end	%	e (iii)e	19, 00	namm (a)) ne	iu as				
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sl										
3a	Are there endowment funds not in the poss	session of the d	organiza	ation th	hat are	held and ad	mınıste	ered for the			
	organization by									Yes	No
	(i) unrelated organizations								3a(i)		ļ
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi								3b		L
4	Describe in Part XIII the intended uses of t		n's endo	wmer	nt tunas	<u>s</u>					
Part			- Farm	• 000	Dort	1\/ line 11e		Form 000 Por	. V 1	10	
	Complete if the organization ansv										
	Description of property	(a) Cost or o		(or other basis other)	(6	depreciation	(d) B	ook valu	е
	Land	<u> </u>	<u> </u>	_		570,000	~ 4~ ×40	The manager of the second		57	0,000
b	Buildings			1		4,249,047	1	900,470			18,577
c	Leasehold improvements			1		, = . 5, 5 , 1	<u> </u>	,		-,-	
d	Equipment										
e	Other					309,646		304,252			5,394
Total	Add lines 1a through 1e (Column (d) must	equal Form 99	90, Part	X, coi	lumn (E	B), line 10c)		>		3,92	3,971

(8) (9)

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

Part VII			
	Complete if the organization answere	d "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 end-of-year market value
(1) Financia	al derivatives		
(2) Closely-	held equity interests		
(3) Other			
/A\			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	nn (b) must equal Form 990, Part X, col (B) line 12)		"在这个大学的,我们就是这个人,我们就是是一个人,我们就是一个人,
Part VIII	•		
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	· · · · · · · · · · · · · · · · · · ·		
(2)			
(3)	<u> </u>		
(4)		 	
(5)			
(6)		•	
<u>(7)</u>			
(8)			<u></u>
(9)	(h)		
	nn (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>	The state of the s
Part IX	Other Assets.	d "Voc" on Form 000	Part IV, line 11d See Form 990, Part X, line 15
		escription	(b) Book value
	(4)	Scription	(b) Dook value
<u>(1)</u> (2)	·		
(3)			· · · · · · · · · · · · · · · · · · ·
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col (B) lin	e 15)	>
Part X	Other Liabilities.	.	
	Complete if the organization answere line 25	ed "Yes" on Form 990,	Part IV, line 11e or 11f See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	HIS THE RESIDENCE OF THE PARTY
(1) Federa	I income taxes		
(2) Capita	l advance	4,923,400	
	t security deposits	13,227	
(4)			
(5)			
(6)			
(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.

4,936,627



Par			e per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a		
1	·Total revenue, gains, and other support per audited financial statements		1	396,001
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		· .	
а	Net unrealized gains (losses) on investments	_2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	A ja	
е	Add lines 2a through 2d	<u> </u>	2e	
3	Subtract line 2e from line 1		3	396,001
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		* * * * * * * * * * * * * * * * * * *	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b	(4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5	396,001
Part				000,001
- are	Complete if the organization answered "Yes" on Form 990,		ses per Return.	
1	Total expenses and losses per audited financial statements		1	462,851
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		. <u> </u>	
а	Donated services and use of facilities	2a	'-'	
b	Prior year adjustments	2b	- 3	
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d	20	2e	
3	Subtract line 2e from line 1		3	462,851
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	-7	402,001
a	Investment expenses not included on Form 990, Part VIII, line 7b	40		
а		4a 4b		
h	Other (Describe in Part VIII.)			
b	Other (Describe in Part XIII)	<u> 40 </u>		
C	Add lines 4a and 4b	<u> </u>	4c	402.054
с 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, lin	<u> </u>	4c 5	462,851
c 5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (<i>This must equal Form 990, Part I, lin</i> XIII Supplemental Information.	ne 18)	5	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (<i>This must equal Form 990, Part I, lin</i> XIII Supplemental Information.	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	462,851 art X, line
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a all	ne 18) nd 4, Part IV, lines 1b a	5 and 2b, Part V, line 4, P	

Schedule D (Fo		Providence Mai	nor Developmen	t Corp	 	26-1	565763	Page 5
Part XIII	Suppleme	ental Informati	on (continued))	 			
	•				 			
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SCHEDULE O (Form 990 or 990-EZ)

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 Inspection

Employer identification number

26-1565763

Department of the Treasury Internal Revenue Service Name of the organization

Providence Manor Development Corp

Form 990, Part VI, Section A, Line 3. The organization has entered into a management agreement with a management company for day-to-day management of the apartment community as is common practice for owners/operators of HUD-assisted rental communities Form 990, Part VI, Section B, Line 11b The return is prepared by a certified public accounting firm and provided to the management company for initial review and approval. After any questions and comments from the management company are addressed, the return is provided to the board of directors for final review and approval. After any questions and comments from the board of directors are addressed, the final approved return is signed by the designated board officer and filed Form 990, Part VI, Section B, Line 12c Compliance is monitored at regularly scheduled meetings of the board of directors and at other times, if needed Form 990, Part VI, Section B, Line 19 Documents are maintained by the board of directors and copies are provided upon request

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
Providence Manor Development Corp	26-1565763
+	120-1000700
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